

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY F&E.

1. Entity ID No.	2. Exact nan	2. Exact name of the limited liability company				
204487		NKRIW SUBWAY LLC				
State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rhode I	Istand	ATIONS B	
RI	Subway Re	Subway Restaurant 722513				
5. Principal office address 1031 Ten Rod Road			City North Kingstown	State RI	Zp Q	
MAILING ADDRESS OF L	JMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:		
Contact Name Robert J Keramidas			Contact Title Member			
Street Address 54 Ridgewood Lane			City Wakefield	State RI	Zip 02879	
LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHN		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
lity	State	Zip	City	State	Zip	
Aanager Name			Manager Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
RESIDENT AGENT IN RH	ODE ISLAND	<u> </u>	l			
nis information is current	y or record in the	Onice of the Sec	retary of State. Changes require fili		ILED ~	
					T 0 9 2018 12	
				BY_Ch	5064m	
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check NoBy:			Signature/of Authorized I	Person	\$/23/18 Date	
FOR SECRETARY OF STATE USE ONLY			ldert Kerami	edent Kramida		

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012