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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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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

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

1. Entity ID No.	2. Exact nar	2. Exact name of the limited liability company				
204487	NKRIW SI	NKRIW SUBWAY LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island			7 P	
RI	Subway R	estaurant	722513		ATIO	
5. Principal office address 1031 Ten Rod Road			City North Kingstown	State RI	2ip 5 2 (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
6. MAILING ADDRESS OF L	IMITED 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	
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Ζiρ	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	ODE ISLAND					
This information is currently	y of record in the	e Office of the Sec	retary of State. Changes require fill	ing Form 642.		

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

and that all staffements coptained herein are true and correct. Signature of Authorized Person Date Robert Keram ter

Print or Type Name of Authorized Person

File Date __ Check No _____ FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012