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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 VEAD 2013

Filing Fee: \$50.00 · FA			rt must be typed or printed legil  FBY DECEMBER 1 WILL RESUL		SECR COR COR OR
1. Entity ID No.	2. Exact nar	ne of the limited fiab	ollity company		다 <u>양</u> 편
204487	NKRIW SI	JBWAY LLC			ARY ARY -9
3. State of Formation	4. Brief desc	ription of the charac	cter of business conducted in Rhode (	of business conducted in Rhode Island	
RI	Subway Re	estaurant	722513		E0 88 01 88 01
5. Principal office address 1031 Ten Rod Road			City North Kingstown	State RI	215 02852
	MITED 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 (NA ("X" BOX FOR ATTACHME		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHO	DE ISLAND	· · · · · · · · · · · · · · · · · · ·			
This information is currently	of record in the	e Office of the Sec	retary of State. Changes require fili	FI	LED <
				OCT	092018 12:02 acym
				BY Ch S	064M
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 No			Signature of Authorized F	Person	8/23/18 Date
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012