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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 2011

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 name of the limited liability company				000 000		
204487	NKRIW SUBWAY LLC					التن.	
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				22.2		
RI	Subway R	estaurant	722513		9 F	757	
5. Principal office address 1031 Ten Rod Road			City North Kingstown	State RI	2p 3 1 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	زز	
6. MAILING ADDRESS OF L	MITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	0 7.2		
Contact Name Robert J Keramidas			Contact Title Member	=			
Street Address 54 Ridgewood Lane			City Wakefield	State RI	Z _{ip} 02879	-	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHMI		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	<u>3</u>	
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Žiρ	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Ζip	City	State	Zip		
8. RESIDENT AGENT IN RHO	DDE ISLAND		l				
This information is currently	of record in th	e Office of the Sec	retary of State. Changes require fi	ling Form 642.			
	<u> </u>						

FILED OCT 0 9 2018 12:00
BY a So64m

File Date	Under pensity of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	10/1/	8/23/14	
By:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Poly of Type Name of Authorized Rescon		

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012