



**Annual Report for the year: 2018**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <i>542122</i>		2. Exact name of the Limited Liability Company <b>Sig's Place, LLC</b>			
3. NAICS Code <b>445299</b>		4. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>1151 Aquidneck Avenue</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02840</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Shawn Margolis</b>			Contact Title <b>Manager</b>		
Street Address <b>1151 Aquidneck Avenue</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Shawn Margolis</b>		Manager Name			
Street Address <b>1151 Aquidneck Ave.</b>		Street Address			
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
<b>Under penalty 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.</b>					
Name of Authorized Person <b>Shawn Margolis</b>				Date	
Signature of Authorized Person <i>Shawn Margolis</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**NOV 02 2018**

BY *4851 DS*

FORM 632 - Revised: 10/2017