



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 Annual Report for the year: 2017
 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 <u>601009133</u> | | 2. Exact name of the Limited Liability Company <u>Moe's Providence LLC</u> | |
| 3. NAICS Code <u>722513</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Fast Casual Restaurant</u> | |
| 5. State of Formation <u>CT</u> | | | |
| 6. Principal Office Address <u>195 W Main St, Ste 16</u> | | City <u>Avon</u> | State <u>CT</u> |
| | | Zip <u>06001</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Miranda Skrzyniarz</u> | | Contact Title <u>Controller</u> | |
| Street Address <u>PO Box 1507</u> | | City <u>Avon</u> | State <u>CT</u> |
| | | Zip <u>06001</u> | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 | | | |
| 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. | | | |
| Name of Authorized Person <u>Matt Rusconi</u> | | Date <u>11/1/18</u> | |
| Signature of Authorized Person | | | |

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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