| State of Rhode Island and Providence Plantations E Office of the Secretary of State | See: \$50.00 |
|---|--------------|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222, 2040 | |
| (401) 222-3040 | |
| Limited Liability Company Annual Report Filing Period: September 1 - November 1 | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | |
| ANNUAL REPORT YEAR: 2018 | |
| 1. ID No. <u>000799972</u> | |
| 2. Exact Name of the Limited Liability Company <u>PROVIDENCE COAL FIRED PIZZA NK</u> | <u>K LLC</u> |
| 3. State of Formation | |
| State: <u>RI</u> | |
| ARTICLE III | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Do the list of codes here. More information on NAICS can be found online. | ownload |
| 722511 | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode I | sland |
| RESTAURANT | |
| 5. Principal Office Address | |
| No. and Street:36 EXCHANGE TERRACECity or Town:PROVIDENCEState: RIZip: 02903Country: 1 | <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | |
| Contact Name: MICHAEL SANTOS Contact Title: No. and Street: 36 EXCHANGE TERRACE City or Town: PROVIDENCE State: RI Zip: 02903 Country: | USA |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. | <u></u> |
| DO NOT LIST MEMBERS | |
| Title Individual Name Address | |
| First, Middle, Last, Suffix Address, City or Town, State, Zip Code, C | Country |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>GREGORY S. INMAN, ESQ.</u> <u>36 EXCHANGE TERRACE</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of November, 2018 at 1:39:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL SANTOS

Signature of Authorized Person

Form No. 632 Revised 09/07

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