s s	tate of Rhode Island and Pro Office of the Secreta		ons Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222 30		
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
		any failing or refusing	
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc		~
16-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>001664278</u>	<u>8</u>		
2. Exact Name of the Li	mited Liability Company Our Tab	e LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary		the entity. Download
	e information on <u>NAICS</u> can be found	oniine.	
<u>311811</u>	e information on <u>INAICS</u> can be found	online.	
<u>311811</u>	e Information on <u>INAICS</u> can be found e Character of the Business Which		ed in Rhode Island
<u>311811</u> 4. Brief Description of th	e Character of the Business Which		ed in Rhode Island
<u>311811</u>	e Character of the Business Which		ed in Rhode Island
<u>311811</u> 4. Brief Description of th	e Character of the Business Which		ed in Rhode Island
<u>311811</u> 4. Brief Description of th <u>RETAIL FOOD SERVIO</u> 5. Principal Office Addre	e Character of the Business Which CE BUSINESS. ss		ed in Rhode Island
311811 4. Brief Description of th <u>RETAIL FOOD SERVIO</u> 5. Principal Office Addre No. and Street: <u>34 C</u>	e Character of the Business Which	is Actually Conducte	ed in Rhode Island Country: <u>USA</u>
311811 4. Brief Description of th RETAIL FOOD SERVIO 5. Principal Office Addre No. and Street: 34 C City or Town: JAM	e Character of the Business Which CE BUSINESS. ss CLINTON AVENUE <u>1ESTOWN</u> State	is Actually Conducte	Country: <u>USA</u>
311811 4. Brief Description of th RETAIL FOOD SERVIO 5. Principal Office Addree No. and Street: 34 C City or Town: JAN 6. Mailing Address of Line	e Character of the Business Which CE BUSINESS. ss CLINTON AVENUE <u>IESTOWN</u> State mited Liability Company and Name	is Actually Conducte	Country: <u>USA</u>
311811 4. Brief Description of th RETAIL FOOD SERVIO 5. Principal Office Addre No. and Street: 34 C City or Town: JAM 6. Mailing Address of Lin Contact Name: Contact	e Character of the Business Which <u>CE BUSINESS.</u> ss <u>CLINTON AVENUE</u> <u>1ESTOWN</u> State mited Liability Company and Name Title:	is Actually Conducte	Country: <u>USA</u>
311811 4. Brief Description of th RETAIL FOOD SERVIO 5. Principal Office Addre No. and Street: 34 C City or Town: JAN 6. Mailing Address of Lin Contact Name: Contact No. and Street: 34 C	e Character of the Business Which <u>CE BUSINESS.</u> ss <u>CLINTON AVENUE</u> <u>IESTOWN</u> State mited Liability Company and Name Title: <u>CLINTON AVENUE</u>	is Actually Conducte	Country: <u>USA</u> Person:
311811 4. Brief Description of th RETAIL FOOD SERVIO 5. Principal Office Addre No. and Street: 34 C City or Town: JAM 6. Mailing Address of Lin No. and Street: 34 C Contact Name: Contact No. and Street: 34 C JAM Address of Lin Contact Name: Street: JAM	e Character of the Business Which <u>CE BUSINESS.</u> ss <u>CLINTON AVENUE</u> <u>IESTOWN</u> State mited Liability Company and Name Title: <u>LINTON AVENUE</u> <u>ESTOWN</u> State: <u>ESTOWN</u> State:	is Actually Conducte : <u>RI</u> Zip: <u>02835</u> • or Title of Contact P <u>RI</u> Zip: <u>02835</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
311811 4. Brief Description of th RETAIL FOOD SERVIO 5. Principal Office Addre No. and Street: 34 C City or Town: JAM 6. Mailing Address of Lin Contact Name: Contact No. and Street: 34 C City or Town: JAM 6. Mailing Address of Lin Contact Name: Contact No. and Street: 34 C City or Town: JAM 7. Name and Address of	e Character of the Business Which <u>CE BUSINESS.</u> ss <u>CLINTON AVENUE</u> <u>IESTOWN</u> State mited Liability Company and Name Title: <u>LINTON AVENUE</u> <u>ESTOWN</u> State: <u>ESTOWN</u> State:	is Actually Conducte : <u>RI</u> Zip: <u>02835</u> or Title of Contact P <u>RI</u> Zip: <u>02835</u> illity Company, if App	Country: <u>USA</u> Person: Country: <u>USA</u>
311811 4. Brief Description of th RETAIL FOOD SERVIO 5. Principal Office Addre No. and Street: 34 C City or Town: JAM 6. Mailing Address of Lin Contact Name: Contact No. and Street: 34 C City or Town: JAM 6. Mailing Address of Lin Contact Name: Contact No. and Street: 34 C City or Town: JAM 7. Name and Address of DO NOT LIST MEMBER	e Character of the Business Which <u>CE BUSINESS.</u> ss <u>CLINTON AVENUE</u> <u>HESTOWN</u> State mited Liability Company and Name Title: <u>LINTON AVENUE</u> <u>ESTOWN</u> State: <u>Each Manager of the Limited Liak</u> RS	is Actually Conducte : <u>RI</u> Zip: <u>02835</u> or Title of Contact P <u>RI</u> Zip: <u>02835</u> ility Company, if App Add	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.

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

KRISTINE S. TROCKI, ESQ. 38 NARRAGANSETT AVENUE, SUITE D JAMESTOWN, RI 02835

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

Signed this 6 Day of September, 2019 at 10:53:14 AM 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 MARLA ROMASH

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved