| Si | ate of Rhode Island and Office of the Sec | | | S Fee: \$50.00 |
|---|--|--------------------------|---------------------------------|------------------------------------|
| HOPE | Division Of Bus 148 W. Riv Providence RI (401) 22 | ver Street 02904-2615 | | |
| Limited Liability Comp Annual Report Filing Period: September 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: 2019 | | | | |
| 1. ID No. <u>000152465</u> | | | | |
| 2. Exact Name of the Limited Liability Company <u>BENVIN FAMILY PARTNERS, 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. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | |
| <u>722511</u> | | | | |
| 4. Brief Description of the | e Character of the Business V | Which is Actua | ally Conducted | in Rhode Island |
| INVEST IN AND OWN MEMBERSHIP INTERESTS IN RESTAURANTS | | | | |
| 5. Principal Office Addres | S | | | |
| No. and Street:420 PGCity or Town:BRIST | OPPASQUASH ROAD COL | State: <u>RI</u> | Zip: <u>02809</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | |
| Contact Name: Contact T No. and Street: <u>420 PC</u> City or Town: <u>BRIST</u> | OPPASQUASH ROAD | State: <u>RI</u> | Zip: <u>02809</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |
| Title | Individual Name First, Middle, Last, Suffix | Addres | Addres s, City or Town, Stat | ss te, Zip Code, Country |
| 8. RESIDENT AGENT IN R | HODE ISLAND - DO NOT ALT | ER | | |

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

WILLIAM J. PICCERELLI 420 POPPASQUASH ROAD BRISTOL, RI 02809

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

Signed this 9 Day of September, 2019 at 10:10:12 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 <u>KATHERINE QUINN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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