	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 94-2615	
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2019</u>		
1. ID No. <u>00076843</u>	1		
2. Exact Name of the L	imited Liability Company $\overline{ ext{THE WA}}$	ATERING HOLE LL	<u>C</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	ARTICLE III Code that best describes the primary for the prima		y the entity. Download
the list of codes <u>here.</u> Mo <u>445310</u>	Code that best describes the primary	online.	
the list of codes <u>here.</u> Mo <u>445310</u> 4. Brief Description of tl	Code that best describes the primary re information on <u>NAICS</u> can be found	online.	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>MICHAEL ST. PIERRE</u> <u>REVENS, REVENS & ST. PIERRE</u> <u>946 CENTERVILLE ROAD</u> <u>WARWICK</u>, <u>RI</u> <u>02886</u>

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

Signed this 18 Day of September, 2019 at 10:39:33 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 LORRAINE HEALEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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