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R.I. DEPT. OF STATE

BUS SVUS DIV

2019 OCT -9 P 12: 3b

Annual Report for the year:	2019
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 000131918		2. Exact name of the Limited Liability Company Unity 3, LLC					
3 NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
722511	Retaurant	Retaurant/Food and BEVERAGE					
5 State of Formation							
Rhode Island							
6. Principal Office Address		<u> </u>	City	State	Zıp		
5 Wellington Avenue			Newport	RI	02840		
7. Mailing Address of Limited	Liability Compa	iny and Name o					
Contact Name Rui S. Reis			Contact Title Member	Contact Title Member			
Street Address 5 Wellington Avenue			City Newport	State RI	Zip 02840		
8. List ALL managers (name	s and addresse:	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name N/A			Manager Name	Manager Name			
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zıp		
Manager Name	*	<u> </u>	Manager Name	<u> </u>			
Street Address		Street Address	Street Address				
City	State	Zıp	City	State	Zıp		
<del></del>			1	Check the box to	indicate an attachment		
9. Resident Agent in Rhode I	sland. This inforr	nation is currently	of record with the Department of S	tate. Changes require fili	ng Form 642.		
Under penalty of perjury, I statements, and that all sta			examined this report, include true and correct.	ing any accompanyin	ng schedules and		
Name of Authorized Person	-			Date (C)	10/10		
Rui S. Reis				10/	8/19		
Signature of Authorized Pers	on	NZA SIG	N DOCUMENT HERE	//	09-18		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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OCT 0 9 2019

FORM 632 - Revised: 10/2017