



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 970466	2. Exact name of the Limited Liability Company 24 MONROE AVENUE, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
722511	Own and operate a bar and grille				
5. State of Formation					
6. Principal Office Address			City	State	Zip
24 Monroe Avenue			East Providence	RI	02915
7. Mailing Address of Limited L	iability Compar	ny and Name or Tit			
Contact Name Diane Medeiros			Contact Title Manager		
Street Address 11 Indian Road			City East Providence	State RI	^{Zip} 02915
8. List ALL managers (names	and addresses) of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS
Manager Name Diane Medeiros			Manager Name None		
Street Address 11 Indian Road			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	1		t	Check the box to	indicate an attachment
9. Resident Agent in Rhode Isl	and, This inform	ation is currently of re	ecord with the Department of State.	Changes require fili	ng Form 642.
Under penalty of perjury, I d statements, and that all state			amined this report, including a see and correct.	any accompanyir	ng schedules and
Name of Authorized Person Diane Medeiros Date 9/23/19					
Signature of Authorized Perso	Meda	SIGN E	DOCUMENT HERE	• • • •	1
Juliana /	yeur	1111111		-:	<u> </u>

MAIL TO:

Division of Business Services

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

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