	State of Rhode Island and Pro Office of the Secreta		ons Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		<u>~</u>
ANNUAL REPORT YEAR	<u>2019</u>		
1. ID No. <u>00167323</u>	5		
2. Exact Name of the Li	mited Liability Company John G's	Delivery, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found		the entity. Download
<u>424990</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
	IBUTION OF BAKERY PRODUC	CTS AS WELL AS A	ANY OTHER
LAWFUL ACTIVITY I	N THE STATE OF RI.		
5. Principal Office Addre	ess		
	SAND TRAIL RD AKEFIELD State:	<u>RI</u> Zip: <u>02879</u>	Country: USA
			5
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact F	·
6. Mailing Address of Li Contact Name: Contact	mited Liability Company and Name	or Title of Contact F	·
Contact Name: Contact No. and Street: <u>388</u>	mited Liability Company and Name		·
Contact Name: Contact No. and Street: <u>388</u> City or Town: <u>WA</u>	mited Liability Company and Name Title: <u>SAND TRAIL RD</u> <u>KEFIELD</u> State: Each Manager of the Limited Liab	<u>RI</u> Zip: <u>02879</u>	Person: Country: <u>USA</u>
Contact Name: Contact No. and Street: <u>388</u> City or Town: <u>WA</u> 7. Name and Address o	mited Liability Company and Name Title: <u>SAND TRAIL RD</u> <u>KEFIELD</u> State: Each Manager of the Limited Liab	RI Zip: <u>02879</u> ility Company, if App Adc	Person: Country: <u>USA</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LOUIS F VASTANO JR, CPA 470 EAST GREENWICH AVE WEST WARWICK, RI 02893

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

Signed this 27 Day of October, 2019 at 7:04:57 PM 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>LOUIS F VASTANO JR CPA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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