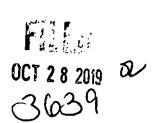


Annual Report for the year: _______ 2019 Limited Liability Company

→ 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	2. Exact name of the Limited Liability Company				
787814	Liberty Lunch, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
122513 1	Management and operation of a restaurant business.				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zıp
732 Central Avenue			Pawtucket	Ri	02861
7. Mailing Address of Limited Lia	bility Company	and Name or Titl	e of Contact Person		
Contact Name Charles G. Dakake			Contact Title Manager		
Street Address 153 Pond Street, Unit 6			City Attleboro	State MA	Z _{IP} 02703
8. List ALL managers (names ar	nd addresses) o	f the Limited Liab	oility Company, IF APPLICABL	E - DO NOT LIST M	EMBERS
Manager Name Charles G. Dakake			Manager Name		
Street Address 153 Pond Street, Unit 6			Street Address		
City Attleboro	State MA	Z ₁ p 02703	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
			<u> </u>	Check the box to inc	dicate an attachment
9. Resident Agent in Rhode Islan	d. This information	on is currently of re	cord with the Department of State.	. Changes require filing	Form 642.
Under penalty of perjury, I dec statements, and that all statem	lare and affirm ents containe	that I have exam d herein are true	mined this report, including a e and correct.	any accompanying	schedules and
Name of Authorized Person				Date	
CHARLES G. DAKAKE				10/24	, 2019
Signature of Authorized Person	1 Chi	sign?	ACUCIEN HERE		

MAIL TO:

Division of Business Services

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

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