Annual Report for the year:  $\frac{2019}{}$ **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				
910966	MELOGIE'S DINER OF POINT JUDITH, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
722511	RESTAURANT				
5. State of Formation	1				
RI					
				_	
6. Principal Office Address			City	State	Zip
122 TOURO STREET			NEWPORT	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MICHAEL W MILLER			Contact Title REGISTERED AGENT		
Street Address 122 TOURO STREET			City NEWPORT	State RI	<sup>Zip</sup> 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
			Manager Name	ELORIS	
Street Address			LOR,		000
STREET AUGUSTES Y WYNDELIFF DRIVE			Street Address 4 Wywock: Frank		
CINSANDERSTRUM	State	02874	CITY SAUDENSTOWN	State	21P 02874
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Date					
MARK T. ELDRIDGE				10 -	29-19
Signature of Authorized Person					
Signature of Authorized Person SIGN DOCUMENT 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