

Annual Report for the year: **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.					O m	
						
1. Entity ID Number つ ノつ ス ///	1 1 .	2. Exact name of the Limited Liability Company				
313344	#100	HOUILante's BISTRY TAVERN LLC				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
722511	$\mathcal{P}_{\mathcal{A}}$	Preparing + Serving Food ina				
5. State of Formation						
RI Restarant Setting						
6. Principal Office Address	s		City	State	Zip	
15 GRADITE ST			Johnsto	$m \mid R \mid$	02919	
7. Mailing Address of Limi	ited Liability Compa	ny and Name or	r Title of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Mary Advilante			Contact Title	Contact Title WNW		
Street Address CRAnite St			ciwohns	ton State	zip 2919	
8. List ALL managers (na	mes and addresses) of the Limited	Liability Company, IF APPL	ICABLE - DO NOT LIST N	IEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
		<u>.</u>	·	Check the box to it	ndicate an attachment	
9. Resident Agent in Rhor	de Island. This inform	ation is currently	of record with the Department	of State. Changes require filin	g Form 642.	
Under penalty of perjury statements, and that all	y, I declare and affi	irm that I have	examined this report, inc	luding any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Mand don lant.				11-1	11-12-19	

MAIL TO:

Division of Business Services

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

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

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