RI SOS Filing Number: 201928181310 Date: 11/22/2019 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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		
103595	**Zinfandel, LLC**		
3. NAICS Code **722511**	4. Brief description of the character of business conducted in Rhode Island **Restaurant**		
5. State of Formation **Rhode Island**			
6. Principal Office Address **5454 Post Road**	City **East Greenwich**	State **RI**	Zip **02818**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Alfred K. Castiglioni			
Street Address **5454 Post Road**	City **East Greenwich**	State **RI**	Zip **02818**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **Alfred K. Castiglioni**			Manager Name		
Street Address **5454 Post Road**			Street Address		
City **East Greenwich**	State **RI**	Zip **02818**	City	State	Zip
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 **Alfred K. Castiglioni**	Date 11/14/19
Signature of Authorized Person SIGN DOCUMENT HERE	

FILED
NOV 22 2019
BY 21481

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 10/2017