



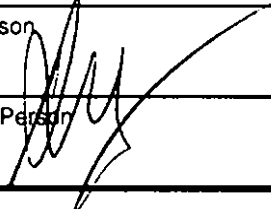
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2019

Limited Liability Company

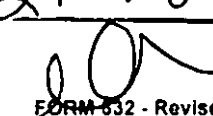
- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 103595		2. Exact name of the Limited Liability Company 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 Alfred K. Castiglioni			Contact Title		
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.					
<i>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.</i>					
Name of Authorized Person Alfred K. Castiglioni				Date 11/14/19	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

FILED

MAIL TO:

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

NOV 22 2019
 BY **21481**

 FORM 632 - Revised: 10/2017