SIAMP

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	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
722511	Restaurant	Restaurant				
5. State of Formation						
Rhode Island						
6. Principal Office Address		·	City	State	Zip	
5454 Post Road			East Greenwich	RI	02818	
7. Mailing Address of Limite	d Liability Compar	y and Name or Tit	tle of Contact Person		·	
Contact Name Alfred K. Castiglioni			Contact Title			
Street Address 5454 Post Road			City East Greenwich	State RI	^{Zip} 02818	
		of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name Affred K. Castiglioni			Manager Name			
Street Address 5454 Post Road			Street Address			
City East Greenwich	State RI	^{Zip} 02818	City	State	Zıp	
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 informa	ation is currently of re	ecord with the Department of State	. Changes require fili	ng Form 642.	
Under penalty of perjury, t statements, and that all st			nmined this report, including see and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
Alfred K. Castiglioni	VIII /			11/14	1 19	
Signature of Authorized Per		SIGN E	DOCUMENT HERE		7.1	

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

FORM 532 - Revised: 10/2017