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State of Rhode Island and Providence Plantations

Department of State - Business Services Division A Mew Mew

Annual Report for the year: 20**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.

Entity ID Number 2. Exact name of the Limited Liability Company				
001680471	Litlourse Night Club LCC			
3. NAICS Code				
	Brief description of the character of business conducted in Rhode Island			
0290+				
5. State of Formation	NIGHL CLUB ENTERTAIMENT			
St. RI	MIGHT CCOS COST 1001/18/01			
6. Principal Office Address	-	City	State	Zip
971 Broad St		Prou	RI	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Carola L Caroio		Contact Title Monages.		
Stroot Address O -	Broad St	PIUV	State	21p O2 40 X
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name, Fernandez		Manager Name		
Street Address 25 GONC Va 5+		Street Address		
DVU V_	State Zip DZ 903	City	State	Zip
Manager Name Carola L Carpin Manager Name				
Street Address 52 Webster AUR PIDVIDAGE		Street Address		
Drov Drov	State 27 9 0 29 0 9	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 Martha Fernandez			Date 2/21/2020	
Signature of Authorized Person				

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