

Annual Report for the year: 2017**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.

- RECEIVED R.I. DEPT. OF STATE						
BUS SVCS DIV						

2028 MAY -6 PH 12: 18

1. Entity ID Number	2. Exact name of the Limited Liability Company						
1089484	BEE DINET						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
128511	0- 40-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
5. State of Formation	Breakfast & Lunch Diner						
RI							
6. Principal Office Address	_ 1	~ 1	City	State	Zip		
6. 719 Front St			Woon	RI	02896		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Joyce Vario			Contact Title BOOK CEEDE!				
Street Address 50 Lester St			No. Smithfield	State I	zo 02896		
8. List ALL managers (names an	d addresses) of	the Limited Liabil	lity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS		
Manager Name Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	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				Date			
Joyce Vario Signature of Authorized Person SIGN DOCUMENT HERE				5 6 20			
Signature of Authorized Person							
gyce Vario SIGN DOCUMENT HERE							

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**

MAY 0 6 2020