| | State of Rhode Office of the Secreta | | Fee: \$50.00 |
|--|---|--------------------------------|--------------------------|
| Division Of Business Services | | | |
| 148 W. River Street | | | |
| Providence RI 02904-2615 (401) 222-3040 | | | |
| HOPE | (401) 222-30 | +0 | |
| Limited Liability Com | pany | | |
| Annual Report Filing Period: September 1 | - November 1 | | |
| | | nonu foiling or refusing | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- | | | |
| 16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2020 | | | |
| 1. ID No. <u>001682245</u> | | | |
| 2. Exact Name of the Limited Liability Company Bacon N Beanz Cafe, LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online. <u>722511</u> | | | |
| 4. Brief Description of th | e Character of the Business Whicl | n is Actually Conduct | ed in Rhode Island |
| | | , | |
| DINE IN AND TAKE OUT RESTAURANT | | | |
| | | | |
| 5. Principal Office Addre | SS | | |
| | WATERMAN AVE | | |
| City or Town: <u>SMI</u> | THFIELD State | :: <u>RI</u> Zip: <u>02917</u> | Country: <u>USA</u> |
| 6. Mailing Address of Li | nited Liability Company and Name | e or Title of Contact F | Person: |
| Contact Name: RICO HE | EALEY Contact Title: MEMBER | | |
| No. and Street: 347 | WATERMAN AVE | | |
| City or Town: SMI | THFIELD State | : <u>RI</u> Zip: <u>02917</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Ado | Iress |
| | First, Middle, Last, Suffix | Address, City or Town, | State, Zip Code, Country |
| | | | |
| 8. RESIDENT AGENT IN F | RHODE ISLAND - DO NOT ALTER | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICO HEALEY 64 LEADING STREET JOHNSTON, RI 02919

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2020 at 9:28:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RICO HEALEY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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