RI SOS Filing Number: 202066367530 Date: 10/15/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 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.

| | FILED | |
|--------|----------------|--|
| | OCT 1 5 2020 Q | |
| ער | 110 | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | | |
|--|---|-------------------|----------------------|----------|-----------------------|--|--|--|
| 557828 | Avenue N Restaurant Group, LLC | | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 722511 | Restaurant | | | | | | | |
| 5. State of Formation | | | | | | | | |
| Rhode Island | | | | | | | | |
| 6. Principal Office Address | | City | State | Zıp | | | | |
| 20 Newman Avenue | | | Rumford | RI | 02916 | | | |
| 7. Mailing Address of Limited Lia | bility Company | and Name or Title | | | • | | | |
| Contact Name Nicholas Rabar | | | Contact Title Member | | | | | |
| Street Address 20 Newman Aven | ue | | Cily Rumford | State RI | Zip ₍₎₂₉₁₆ | | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | | |
| Manager Name | | • | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zıp | City | State | Zip | | | |
| Manager Name | 1 | 1 | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zıp | City | State | Zip | | | |
| Check the box to indicate an attachment | | | | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 | - | | | | | | |
| Nicholas Rabar, Member | el- | | 101710 | | | | | |
| 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