



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 15 2020

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|                                                                                                                                                                                                      |             |                                                                                                                 |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Entity ID Number<br>970466                                                                                                                                                                        |             | 2. Exact name of the Limited Liability Company<br>24 MONROE AVENUE, LLC                                         |                             |
| 3. NAICS Code<br>722511                                                                                                                                                                              |             | 4. Brief description of the character of business conducted in Rhode Island<br>Own and operate a bar and grille |                             |
| 5. State of Formation<br>RI                                                                                                                                                                          |             |                                                                                                                 |                             |
| 6. Principal Office Address<br>24 Monroe Avenue                                                                                                                                                      |             | City<br>East Providence                                                                                         | State<br>RI<br>Zip<br>02915 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |             |                                                                                                                 |                             |
| Contact Name<br>Diane Medeiros                                                                                                                                                                       |             | Contact Title<br>Manager                                                                                        |                             |
| Street Address<br>11 Indian Road                                                                                                                                                                     |             | City<br>East Providence                                                                                         | State<br>RI<br>Zip<br>02915 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |             |                                                                                                                 |                             |
| Manager Name<br>Diane Medeiros                                                                                                                                                                       |             | Manager Name<br>None                                                                                            |                             |
| Street Address<br>11 Indian Road                                                                                                                                                                     |             | Street Address                                                                                                  |                             |
| City<br>East Providence                                                                                                                                                                              | State<br>RI | Zip<br>02915                                                                                                    |                             |
| Manager Name<br>None                                                                                                                                                                                 |             | Manager Name<br>None                                                                                            |                             |
| Street Address                                                                                                                                                                                       |             | Street Address                                                                                                  |                             |
| City                                                                                                                                                                                                 | State       | Zip                                                                                                             |                             |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |             |                                                                                                                 |                             |
| 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<br>Diane Medeiros                                                                                                                                                          |             | Date                                                                                                            |                             |
| Signature of Authorized Person<br><i>Diane Medeiros</i>                                                                                                                                              |             |                                                                                                                 |                             |

## MAIL TO:

Division of Business Services

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