



State of Rhode Island and Providence Plantations

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
 STATE

NOV 04 2020

BY

1. Entity ID Number 001685550		2. Exact name of the Limited Liability Company CINDER RESTAURANT, LLC			
3. NAICS Code 722511		4. Brief description of the character of business conducted in Rhode Island Operate a restaurant			
5. State of Formation RI					
6. Principal Office Address 169 Main Street			City Westerly	State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Samuel J., Agnello, Jr.			Contact Title Member		
Street Address 305 Pequot Trail			City Pawcatuck	State CT	Zip 06379
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	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 <input type="checkbox"/>					
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 Samuel J. Agnello Jr				Date 10/29/20	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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