Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 cimited Liability Company Annual Report Filing Period: September 1 - November 1 n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing o 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. 001695634 2. Exact Name of the Limited Liability Company <u>Asia Grille GC LLC</u>						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Annual Report Time and Address of Each Manager of the Limited Liability company failing or refusing to the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7: 1566(186.0) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001695634 2. Exact Name of the Limited Liability Company Asia Grille GC LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 722511 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FUILL SERVICE RESTAURANT 5. Principal Office Address No. and Street: 140 HILLSIDE ROAD CRY or Town: CRANSTON State: RI Zip: 02920 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Market: 140 HILLSIDE ROAD CRY or Town: CRANSTON State: RI Zip: 02920 Country: USA A state: RI< Zip: 02920				Fee: \$50.00		
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		-	ility Company, if Ap	plicable.		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Ado	dress		
		First, Middle, Last, Suffix				
	8. RESIDENT AGENT IN	RHODE ISLAND - DO NOT ALTER				

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

NICHOLAS HEMOND ESQ. C/O DARROWEVERETT LLP, ONE TURKS HEAD PLACE, SUITE 1200 PROVIDENCE , RI 02903

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

Signed this 11 Day of November, 2020 at 8:24:56 AM 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 JASON SUGARMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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