

RECEIVED
R.J. DEPT. OF STATE
BUS SYCS DIV

2020 NOV 12 P 2: 00

Annual Report for the year: 1000 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001684630	Johnny Annels Clam Shack LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
724511	Johnny Angels (Jam Shack LLC 4. Brief description/of the character of business conducted in Rhode Island We operate a restaurant that offers full				
5. State of Formation	service airing and catering services. We				
RI sell alcoholic beverages.					
6. Principal Office Address			City	State	Zip
621 WakeHeld St.			WestWarwick	n(02893
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name USSD: Machine			Contact Title UVnec		
Street Address 621 WEKE field St.			West Warwich	State (02893
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		<u>* </u>	Manager Name		
Street Address			Street Address		
City	State	Zip	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	
Lisz Di Martino				11/12	20
Signature of Authorized Person					
Misa to Martino					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 12 2020 BY Che omofy 2'00

FILED