State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: _2019_
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 Angels Clam Shack LLC

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
72511	We operate a restaurant that offers full service dining and catering services. We sell alcoholic beverages.
5. State of Formation	
RI	

6. Principal Office Address	City	State	Zip
621 Wakefield St.	West Warwick	RI	02893

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
Lisa DiMartino	Owner

Street Address	City	State	Zip
621 Wakefield St.	West Warwick	RI	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			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
Lisa DiMartino	11/12/20
Signature of Authorized Person	
Lisa DiMartino	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 632 - Revised: 08/2020