RI SOS Filing Number: 202079016450 Date: 12/8/2020 4:00:00 PM

Department of	State - Bus	siness Serv	vices Division		"		
	$\circ$		FILED				
Annual Report for the Limited Liability Com  → Filing period: Septemb  → Filing Fee: \$50.00	<b>pany</b> er 1 - Novemb		DEC 0 8 2020 1510S				
→ Penalty: Additional \$25	.00 fee if form i	s not filed by E	December 1.				
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
1 41790000	M	Morris Jones, L.C.					
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
722410 5. State of Formation	- Resta	Restaurant, taxern, pob					
RI							
6. Principal Office Address H8 Indian Hail			city Saudersta	State		72874	
7. Mailing Address of Limited	Liability Compa	ny and Name o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	0000 1	
Coplact Name Michael RHUKSIAN JT			Contact Title Pro				
Street Address Endign Trail			Santerstar	N State	-	2000 FT 4	
8 List ALL managers (names	and addresses	s) of the Limited		CABLE - DO NOT	LIST ME	MBERS	
Manager Name MIChocl R	Moksky	Manager Name	Manager Name				
Street Address Today Tail			Street Address	Street Address			
Sanderstain	State	Zip C 1 4	City	State		Zıp	
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State		Zıp	
				Check the b	ox to indic	cate 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							

MAIL TO:

**Division of Business Services** 

Name of Authorized Person

State of Rhode Island

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

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov