RI SOS Filing Number: 202103191450 Date: 10/13/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: $\frac{2021}{}$ **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00	004-46	:	No 1 4	_		
→ Penalty: Additional \$25	.00 tée it form	is not filed by D	ecember 1.			
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
793715	Madeline's	Madeline's Family Restaurant, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
722511	food service					
5 State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zıp	
165 Lakehurst Avenue			Coventry	RI	02816	
7. Mailing Address of Limited		any and Name o	r Title of Contact Person			
Contact Name David A. Sımas			Contact Title	Contact Title		
Street Address 165 Lakehurst Avenue			City Coventry	State RI	Z <sub>IP</sub> 02816	
8. List ALL managers (name:	s and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	Crty	State	Zip	
				Check the box to	indicate an attachment	
9. The Resident Agent Inform	ation currently (	of record with the	e RI Department of State is acc	curate. Changes requir	e filing Form 642.	
Under penalty of perjury, I o statements, and that all sta			examined this report, include true and correct.	ing any accompanyin	ig schedules and	
Name of Authorized Person				Date		
David A. Simas				10-	/2 -2 (	

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

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

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