State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2021
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		
001689140	**JULIANNA'S, LLC**		
3. NAICS Code 722511	4. Brief description of the character of business conducted in Rhode Island RESTAURANT		
5. State of Formation RHODE ISLAND			
6. Principal Office Address 189 POCASSET AVENUE	City PROVIDENCE	State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ARIEL MELGAR	Contact Title MANAGER		
Street Address 29 HILLSIDE AVENUE	City JOHNSTON	State RI	Zip 02919
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name ARIEL MELGAR	Manager Name		
Street Address 29 HILLSIDE AVENUE	Street Address		
City JOHNSTON / State RI / Zip 02919	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 ARIEL MELGAR	Date 09/02/2021		
Signature of Authorized Person X A Melgar			

MAIL TO:
Division of Business Services
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