



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001704481

2. Exact Name of the Limited Liability Company Giusto, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

722511

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO OWN AND OPERATE A BAR AND RESTAURANT FOR THE SALE OF FOOD AND ALCOHOL,
TO HOLD LICENSES RELATIVE TO THE SALE OF FOOD AND ALCOHOL, AND TO ENGAGE IN
ANY OTHER LAWFUL ACTIVITY, INCLUDING TO HOLD, OWN, LEASE, IMPROVE, DEVELOP,
OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY AND
OTHERWISE DEAL WITH AND OBTAIN LOANS ON THE SAME AS OWNER THEREOF, AND TO
ACQUIRE AND DEAL WITH PERSONAL PROPERTY OF ANY NATURE, MANNER OR KIND
WHATSOEVER TO THE EXTENT NECESSARY, DESIRABLE, CONVENIENT AND APPROPRIATE
TO CARRY OUT THE FOREGOING PURPOSES, AND ANY OTHER LAWFUL BUSINESS THAT MAY
BE ENGAGED IN BY A LIMITED LIABILITY COMPANY FORMED UNDER THE LAWS OF THE
STATE OF RHODE ISLAND.

5. Principal Office Address

No. and Street: 4 COMMERCIAL WHARF
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

Contact Name: Contact Title:
No. and Street: 4 COMMERCIAL WHARF
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JOHN D. RUSSELL, ESQUIRE ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of November, 2021 at 4:01:21 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JOHN D. RUSSELL, ESQUIRE
Signature of Authorized Person

Form No. 632
Revised 09/07