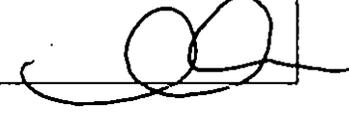




State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

DEC 21 2021

BY   


**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<br><b>001662779</b>   |          | 2. Exact name of the Limited Liability Company<br><b>Bayberry, LLC</b>   |                                |                  |           |
| 3. NAICS Code<br>722511   |          | 4. Brief description of the character of business conducted in Rhode Island<br>full restaurant open for dinner and brunch (on the weekends), serving beer and wine |                                |                  |           |
| 5. State of Formation<br>Rhode Island   |          |  |                                |                  |           |
| 6. Principal Office Address<br>381 West Fountain Street   |          | City<br>Providence   | State<br>RI                    | Zip<br>02903     |           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |          |  |                                |                  |           |
| Contact Name Peter J. Furness   |          |  | Contact Title Registered Agent |                  |           |
| Street Address 51 Jefferson Blvd, Ste. 7  |          | City Warwick   | State RI                       | Zip 02888        |           |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |          |  |                                |                  |           |
| Manager Name Thomas Dennen  |          | Manager Name Natalie Dennen  |                                |                  |           |
| Street Address 381 West Fountain Street   |          | Street Address 381 West Fountain Street  |                                |                  |           |
| City Providence   | State RI | Zip 02903  | City Providence                | State RI         | Zip 02903 |
| Manager Name  |          | Manager Name   |                                |                  |           |
| Street Address  |          | Street Address   |                                |                  |           |
| City  | State    | Zip  | City                           | State            | Zip       |
| Check the box to indicate an attachment <input type="checkbox"/>  |          |  |                                |                  |           |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |          |  |                                |                  |           |
| <i>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.</i> |          |  |                                |                  |           |
| Name of Authorized Person<br><b>THOMAS DENNEN</b>   |          |  |                                | Date<br>12/10/21 |           |
| Signature of Authorized Person<br>   |          |  |                                |                  |           |

**MAIL TO:**  
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