



State of Rhode Island

Department of State - Business Services Division

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 Annual Report for the year: 2021  
 Limited Liability Company

2021 DEC 22 PM 1:53

→ 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>000971843</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>VILLAGERESTAURANT GROUP LLC</b>                   |                    |
| 3. NAICS Code<br><b>722511</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>RESTAURANT + BAR</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                   |       |                                                                                                        |                    |
| 6. Principal Office Address<br><b>373 RICHMOND ST</b>                                                                                                                                                |       | City<br><b>PROVIDENCE</b>                                                                              | State<br><b>RI</b> |
|                                                                                                                                                                                                      |       | Zip<br><b>02903</b>                                                                                    |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                        |                    |
| Contact Name<br><b>RUSSELL C. HRYZAN</b>                                                                                                                                                             |       | Contact Title<br><b>MEMBER</b>                                                                         |                    |
| Street Address<br><b>935 NARRAGANSETT BLVD</b>                                                                                                                                                       |       | City<br><b>PROVIDENCE</b>                                                                              | State<br><b>RI</b> |
|                                                                                                                                                                                                      |       | Zip<br><b>02905</b>                                                                                    |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                        |                    |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                           |                    |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                         |                    |
| City                                                                                                                                                                                                 | State | Zip                                                                                                    | City               |
|                                                                                                                                                                                                      |       |                                                                                                        |                    |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                           |                    |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                         |                    |
| City                                                                                                                                                                                                 | State | Zip                                                                                                    | City               |
|                                                                                                                                                                                                      |       |                                                                                                        |                    |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. <input type="checkbox"/>                                         |       |                                                                                                        |                    |
| 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<br><b>Russell C. Hryzan</b>                                                                                                                                                |       | Date<br><b>12/22/2021</b>                                                                              |                    |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                        |                    |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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