



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2024

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001714216                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>BRICK, LLC                                           |             |
| 3. NAICS Code<br>722511                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>FULL SERVICE RESTAURANT |             |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                        |             |
| 6. Principal Office Address<br>500 WOOD ST. UNIT 222                                                                                                                                                    |  | City<br>BRISTOL,                                                                                       | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02809                                                                                           |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                        |             |
| Contact Name<br>Jordan Sawyer                                                                                                                                                                           |  | Contact Title<br>Owner / President                                                                     |             |
| Street Address<br>500 Wood St. Unit 222                                                                                                                                                                 |  | City<br>Bristol                                                                                        | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02809                                                                                           |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                        |             |
| 9. 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>Jordan Sawyer                                                                                                                                                              |  | Date<br>12/18/24                                                                                       |             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                        |             |

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MAIL TO:

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