

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25,00 PENALTY FEE.

1, Entity ID No. 113552		Exact name of the limited liability company Cafe Bernard, LLC				
3. State of Formation Rhode Island		cription of the characte ant Operation	r of business conducted in Rho	de Island		
5. Principal office address 54 Riley Drive			City Riverside	State RI	Zip 02915	
	F LIMITED LIABILE	TY COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Paul J. Votta, Jr.			Contact Title Attorney			
Street Address 200 Centerville Road ,Ste 4			City Warwick	State RI	Zip 02886	
LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	PRESSES) OF THE LII	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Bernard E. Watson			Manager Name			
Street Address 54 Rifey Drive			Street Address			
City Riverside	State RI	Zip 02915	City	State	Zíp	
Manager Name	I		Manager Name		10000000	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN I	RHODE ISLAND			· · · · · · · · · · · · · · · · · · ·		
his information is curre	ntly of record in the	e Office of the Secreta	ary of State. Changes require	filing Form 642.	2 0 m	
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		MAR 1 2 20	15		33 T	
File Date	BY	05214625	Under penalty of per this report, including	any accompanying s	irm that I have examined schedules and statement	
Check No		*	and that all statements contained herein are true and correct the statements with the statement of the statement of the statements and the statements of the statement of the statements of the statement of the statements of the statement of the statements of the statement		01/21/2015	
Ву:	· · · · · · · · · · · · · · · · · · ·		Signature of Authorize		Date	
FOR SECRETARY OF S	TATE USE ONLY		Bernard E. Watson Print or Type Name of Authorized Person			
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Form No. 632 Revised: 01/2012