



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Identification Number: 001129036

Annual Report Filing Year: 2015

1.a. Exact name of the limited liability company: NGU RESTAURANT GROUP LLC

1.b. The exact name of the limited liability company as amended, is: NGU RESTAURANT GROUP LLC

2a. Location of its principal office:

No. and Street: 25 COLLINS ROAD
 City or Town: BERLIN State: MA Zip: 01503 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 25 COLLINS ROAD
 City or Town: BERLIN State: MA Zip: 01503 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

OPERATING RETAIL FOOD ESTABLISHMENTS AND FOR ANY OTHER LAWFUL PURPOSE.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: STEPHANIE ALLEN
 No. and Street: 25 COLLINS ROAD
 City or Town: BERLIN State: MA Zip: 01503 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	PATRICK T CAINE	349 HOPE STREET PROVIDENCE, RI 02906 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	STEPHANIE ALLEN	25 COLLINS ROAD

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

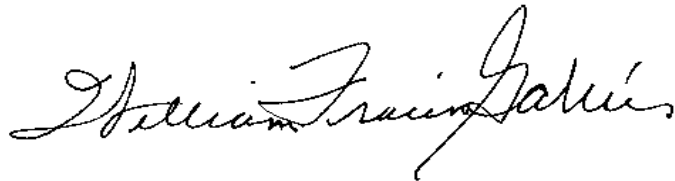
9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 6 Day of February, 2015,
STEPHANIE ALLEN , Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

February 06, 2015 09:12 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth