

State of Rhode Island and Providence Plantations Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

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

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

2016 APR 28 PM 12: 39

Limited Liability Compa Filing period: September 1 - N Filing Fee: \$50.00 *FAILURE	lovember 1		he year: 2013 DECEMBER 1 WILL RESULT	IN A \$25.00	PENALTY FEE.
1. Entity ID Number	2. Exact name of the Limited Liability Company				
161250	VASELEOS, LLC.				
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	RESTAURANT SERVING POZZA AND OTHER FOODS				
5. Principal Office Address			City	State	Zip
1379 MINERAL SPRING AVENUE			NORTH PROVIDENCE	RI	02904
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name EVDOKIA MILATOU			Contact Tit MEMBER		
Street Address 1379 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	^{Zip} 02904
7. List ALL managers (names a	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE - D	O NOT LIST I	MEMBERS
Manager Namo			Manager Name		
Street Address E			Street Address		
Citv ENCE	State	1	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Check the	Lbox to indicate	an attachment
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I decistatements, and that all statem	lare and affirm tents contained	hat I have exami herein are true a	ined this report, including any a and correct.	ccompanyin	schedules and
Name of Authorized Person Date					
EVDOKIA MILATON				4/2	8/16
EVDOKIA MILATON 4/28/16 Signature of Authorized Person Evolokia Milaton Masign DOCUMENT HERE					
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FILED

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Form No. 632 Revised: 2016