	State of Rhode Island and Providence Plantations Fee: \$5
	Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615
HOPE	(401) 222-3040
imited Liability C	ompany
nnual Report	
iling Period: Septembe	er 1 - November 1
	G.L. 7-16-66(d), each limited liability company failing or refusing
	vithin thirty (30) days after the time prescribed by law (R.I.G.L. 7- o a penalty fee of \$25.00.
	o a penalty ree or \$23.00.
ANNUAL REPORT YE	AR: <u>2016</u>
1. ID No. <u>000795</u>	5621
2. Exact Name of the	e Limited Liability Company <u>Q B BITES, LLC</u>
3. State of Formation	n
State: <u>RI</u>	
	ARTICLE III
Using the following NA	ARTICLE III
	ICS codes, please select the code that best describes your business.
Using the following NA	
NAICS Code	ICS codes, please select the code that best describes your business.
NAICS Code	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o	ICS codes, please select the code that best describes your business.
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NAICS Code 4. Brief Description o REAL ESTATE HOI	ICS codes, please select the code that best describes your business. <u>53</u> If the Character of the Business Which is Actually Conducted in Rhode Island <u>CDINGS</u>
NAICS Code 4. Brief Description o <u>REAL ESTATE HOI</u> 5. Principal Office Ad	ICS codes, please select the code that best describes your business.
NAICS Code         4. Brief Description o         REAL ESTATE HOI         5. Principal Office Ad         No. and Street:       23	ICS codes, please select the code that best describes your business.
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NAICS Code         4. Brief Description of         REAL ESTATE HOI         5. Principal Office Ad         No. and Street:       23         City or Town:       W         6. Mailing Address of         Contact Name:       ILIAS         No. and Street:       23	ICS codes, please select the code that best describes your business. 53 of the Character of the Business Which is Actually Conducted in Rhode Island CDINGS Idress B WASHINGTON STREET EST WARWICK State: RI Zip: 02893 Country: USA f Limited Liability Company and Name or Title of Contact Person: S ZAROKOSTAS Contact Title: MEMBER WASHINGTON STREET
NAICS Code         4. Brief Description of         REAL ESTATE HOI         5. Principal Office Ad         No. and Street:       23         City or Town:       W         6. Mailing Address of         Contact Name:       ILIAS         No. and Street:       23	ICS codes, please select the code that best describes your business.
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NAICS Code         4. Brief Description of         REAL ESTATE HOI         5. Principal Office Ad         No. and Street:       23         City or Town:       W         6. Mailing Address of         Contact Name:       ILIAS         No. and Street:       23         City or Town:       W         7. Name and Address	ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your business.         ICS codes, please select the code that best describes your

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ILIAS ZAROKOSTAS 1227 MAIN STREET, UNIT 2 WEST WARWICK , RI 02893

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 13 Day of September, 2016 at 10:50:17 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>ILIAS ZAROKOSTAS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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