Department of	and Providence State - Busi	Plantations ness Service	es Division		
Annual Report for the standard Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any r 1 - November	1	mber 1.		
1. Entity ID Numb. 2. Exact name of the Limited Liability Company					
684912 Crepelicious, LLC					
3. NAICS Code	cter of business conducted in Rho	de Island			
			Café, Dessert		
5. State of Formation] (1)	eperre,	oute , besici		
RI					
6. Principal Office Address	<u> </u>		City	State	- Zim
60 MAPLE	AVE		BARRINGTON	RI	Zip 02806
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person		
Contact Name KANJANA C			Contact Title OWNER / MANAGER		
Street Address 8 Joy	ST		BARRING TON	State RI	Zip Oarnh
8. List ALL managers (names ar	d addresses) of	the Limited Liabi	ity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS
Manager Name			Manager Name		
Street Address			Street Address		
Citv _	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		<u></u>

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

City

Name of Authorized Person

KANJANA

State

CHARTRATANAVANICH

Zip

Date

State

10/11/16

Zip

Signature of Authorized Person

MAIL TO:

City

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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OCT 1 4 2016

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