State of Rhode Isla	and and Provider	nce Plantations		_		
/ L		siness Service	es Division			
-MORE-						
Annual Report for th		6				
Limited Liability Company						
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					3 2	
→ Penalty: Additional \$2	5.00 fee if form	is not filed by Dece	mber 1.		-5 -5	
1. Entity ID Number		2. Exact name of the Limited Liability Company				
000794566	3 CATS, L	3 CATS, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
44-45 - Retail Trade	RETAIL C	RETAIL COOKING OIL STORE				
5. State of Formation					,	
RI						
6. Principal Office Address			City	State	Zip	
485 ANGELL STREET			PROVIDENCE	RI	02906	
7. Mailing Address of Limite		any and Name or Tit				
Contact Name DEBORAH HOLTKAMP			Contact Title MEMBER			
Street Address 485 ANGELL STREET			City PROVIDENCE	State RI	^{Zip} 02906	
8. List ALL managers (name	es and addresse	s) of the Limited Liab	oility Company, IF APPLICAB	LE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Žip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently of re	cord with the Department of State	e. Changes require filin	g Form 642.	
Under penalty of perjury, I statements, and that all st			mined this report, including and correct.	any accompanying	g schedules and	
Name of Authorized Person						
DEBORAH HOLTKAMP						
Signature of Authorized Pers	e SH	oftene	SUMENT HERE	<u> </u>		

MAIL TO:

Division of Business Services

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

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

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BY <u>Le</u> 388747