

R.I. DEPT. OF STATE BUS SYCO DIV

2016 NOV 29 PM 1: 45

Annual Report for the year: 2019
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number A H 2 A H								
3. NAICS code 4. Brief description of the character of business conducted in Rhode Island RESTAURANT. 5. State of Formation 6. Principal Office Address 5. If YOWPORT 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Name Contact Name Contact Name Street Address City State Zip Contact Title Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachment 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. Name of Aythorized Person TUNAHA) PICHETSHOTE It Za/Ib	1. Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company					
5. State of Formation FI 6. Principal Office Address 5 17 Thames S1, City New Port RI CORFO 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name TVNY AMAI PICHETSHOTE Contact Title COMMER / MRNAGER Street Address S1 State S2 Zip O3 FU 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip Check the box to indicate an attachment S1 repeatly of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements confained herein are true and correct. Name of Authorized Person TUNAMA PICHETSHOTE Date Zip Date Zip	124224	Mamesstreet That Cousine LLC.						
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GMYLL MUTTON TUNYAMA; PICCHETSHORE 11/29/16	Under penalty of perjury, I decle statements, and that all statem	are and affirm t ents contained	that I have exami herein are true a	ined this repor and correct.	t, including any a	accompanying s	chedules and	
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	Signature of Authorized Person		-				1110	

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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