State of Rhode Island and Prov Department of State -	dence Plantations Business Services Division	
Annual Report for the year: _Limited Liability Company	016	

→ 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	2. Exact nai	ne of the Limited	Liability Company			
1657804	Zahoria, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
72 - Accommodation and Food						
5. State of Formation						
RI						
6. Principal Office Address	<u> </u>		City	State	Zip	
830 Broad Street			Central Falls	RI	02863	
7. Mailing Address of Limited Lia	bility Compan	y and Name or T	ītle of Contact Person			
Contact Name Masood Zia			Contact Title Sole Member			
Street Address 830 Broad Street			City Central Falls	State RI	^{Zip} 02863	
8. List ALL managers (names an	d addresses)	of the Limited Lia	ability Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	i. This informa	lion is currently of r	ecord with the Department of State	e. Changes require filin	g Form 642.	
Under penalty of perjury, I decide statements, and that all statements.	are and affire	n that I have exa	amined this report, including	any accompanying	g schedules and	
Name of Authorized Person				Date		
Raymond F. Bruzzese CPA				12/30/2016		
Signature of Authorized Person	y)_	SIGN DO	OCUMENT HERE			

MAIL TO:

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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