St St	ate of Rhode Island and P Office of the Secre	• • • • • • • • • • • • • • • • • • • •	Fee: \$50.00
HOPE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 904-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability co hirty (30) days after the time pre enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000505320</u>			
2. Exact Name of the Limited Liability Company <u>MYTHICA, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
	ode that best describes the prima information on <u>NAICS</u> can be four		ty. Download
4. Brief Description of the	Character of the Business Whi	ch is Actually Conducted in Rh	ode Island
WE DO MOBILE AND I	EVENT CATERING.		
5. Principal Office Addres	S		
	<u>RVIEW STREET, APT. 1</u> <u>DENCE</u>	State: <u>RI</u> Zip: <u>02908</u> Cor	untry: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Na	ne or Title of Contact Person:	
	<sup>ïtle:</sup> RVIEW STREET, APT. 1 DENCE	State: <u>RI</u> Zip: <u>02908</u> Co	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

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

EDWARD B. LEBBY 60 FAIRVIEW STREET PROVIDENCE, RI 02908

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

**Signed this 4 Day of September, 2017 at 1:20:20 PM 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 EDWARD B. LEBBY

Signature of Authorized Person

Form No. 632 Revised 09/07

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