

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 SEP -5 AM 11: 20

Annual Report for the year: 2015**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.

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1. Entity ID Number 7/3 884	2. Exact name of the kimited Liability Company 350 Medi Levra neem pizza ()				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
724313					
5. State of Formation	P, 22a				
RI					
6. Principal Office Address			City	State	Zip
2220 Mineral Spring Ave			n. Providence	KI	02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Parvit T. Abgarmi			Contact Title Owher		
Street Address 2220 mineral Spring Are			City 1 Promidence	State RI	Zip 62911
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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 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 Authorized Person Date					
Paniz 9,5,17					
Signature of Authorized Person					
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEU [©]

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