RI SOS Filing Number: 201752649440 Date: 10/31/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 **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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	PM 2:27				

1. Entity ID Number 101406	2. Exact name of the Limited Liability Company SHISH KABOB, LLC						
3. NAICS Code 722513	Brief description of the character of business conducted in Rhode Island Deli						
5. State of Formation	1						
Rhode Island							
6. Principal Office Address			City	State	Zip		
555 Smithfield Avenue			Pawtucket	RI	02860		
7. Mailing Address of Limited Lia	ability Compan	y and Name or Tit	le of Contact Person				
Contact Name John Ghazal		Contact Title Member/Manager					
Street Address 555 Smithfield Avenue		City Pawtucket	State RI	^{Zip} 02860			
8. List ALL managers (names a	nd addresses)	of the Limited Lia		BLE - DO NOT LIST	MEMBERS		
Manager Name John Ghazal		Manager Name					
Street Address 250 Shawmut Avenue		Street Address					
City Central Falls	State RI	^{Zip} 02863	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 de statements, and that all state				ng any accompanyir	ng schedules and		
Name of Authorized Person				Date	Date		
John Ghazal							
Signature of Authorized Person SIGN DOCUMENT 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 FILED

OCT 3 1 2017

FORM 632 - Revised: 08/2016