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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.

1. Entity ID Number 1658322	2. Exact name of the Limited Liability Company Bossa, LLC					
3. NAICS Code 5. State of Formation Rhode island	Brief description of the character of business conducted in Rhode Island Restaurant					
6. Principal Office Address			City	State	Zip	
555 Atwood Avenue			Cranston	RI	02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Gina Musto			Contact Title Member	Contact Title Member		
Street Address 31 Grand Isle Drive, Apt 522			^{City} Wakefield	State RI	^{Zip} 02879	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Macager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zlp	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 dec statements, and that all staten	lare and affil nents contair	rm that I have ned herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Gina Musto						
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

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BY 15126713

FORM 632 - Revised: 02/2017