

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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.

| | | | | | | * 1,1 |
|---|---|--------------------|-----------------------------|-------|-------|--------------------|
| 1. Entity ID Number | 2. Exact name (| of the Limited Lia | bility Company | | | |
| 131365 | Fi | T Pizz | eria, UC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 522513 | | | | | | |
| 5. State of Formation | Pizzeria | | | | | |
| 5. State of Formation | 11000 | | | | | |
| X. | | | <u></u> | | | |
| | | | City | State | Zip | - 1 |
| 2460 East Main Rd | | | Portsmouth | PI | 038 | 301 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Trace V Furtado | | | Contact Title Contact Title | | | |
| Street Address Richard Drive | | | city Dortsmuth | State | Zip O | 271 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name Traceu Furtano | | | Manager Name | | 017 A | B. |
| Street Address | | | Street Address | | OV 2 | US PAR |
| City Divtemouth | State _ | ZipOZSOI | City | State | Zip 📞 | TEIN TOTAL |
| Manager Name | | | Manager Name STA | | | |
| Street Address | | | Street Address | | 56 | TE T |
| 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 Francis Furtado Tracey Furtado 12-11-17 | | | | | | |
| Signature of Authorized Person AUSSIGN PORTIVENTIHERE | | | | | | |
| pu con | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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BY (4 3197) FORM 632 - Revised: 02/2017