RI SOS Filing Number: 201867775410 Date: 5/30/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 MAY 30 PH 1: 30

- -> 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 | | | | | | |
|--|---|--------------|--------------------|---------|------------|--|
| 1. Entity to Number | 2. Exact name of the Limited Liability Company | | | | | |
| 00/67/879 | Conf Nowhere CCC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 722511 | Restaurant | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 1838 Smith 5t. | | | N. Providence | RI | 02911 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | | | Contact Title | | | |
| Jones RutKausky | | | Movaser | | | |
| Street Address 725 Browch Aue. | | | City Providance | State # | 12ip 62904 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name | | | Manager Name | | | |
| Jones Rutkausky | | | | | | |
| Street Address 225 Branch Aue. | | | Street Address | | | |
| City Providence | State RI | 2ip 62704 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | <u> </u> | | | | |
| 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 | Date | |
| Koweth Amonggi, Esp | | | | 5/30/18 | | |
| Signature of Authorized Person | | | | | | |
| STATE OF THE PARTY | | | | | | |
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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 FII FICE

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