

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. Egib. ID Number	2.5	-64 12 2				
Entity ID Number	Exact name of the Limited Liability Company					
06/67/879	Canp Nowhere CCC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
799511	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 Ruthausky			Movager			
Street Address 725 Browch Aue.			City Providance	State PT PO NOT LIST M	Zip 02904	
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  725 Branch Aue.  City State Zip			Street Address			
City Providence	State RI	2ip 62904	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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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				5/3	5/30/18	
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 FILEDOW

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