

RECEIVED
SECRETARY OF STATE
CORPORATIONS GIV (176) PM
2018 JUN 15 PM 4: 08

→ 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	2. Exact name	2. Exact name of the Limited Liability Company				
155176	C.S. Food LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
722513						
5. State of Formation						
Rholetsky Subway Rashwant						
6. Principal Office Address			City	State	Zip	
47 Sandy	Ooth	Im R	Coverin	132	DSRFT	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person /						
Contact Name W C Paled			Contact Title MC L			
Street Address Charles Bottom Col			City Coschy State I ZIB 24H			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	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 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 New orker Date, Pale (15/1)						

BRIEF IN SMUDDON ROB

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 4:10 FILED
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BY 00332858