



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

SEP 24 2018

BY *[Signature]*

Annual Report for the year: **2018**

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 000508425		2. Exact name of the Limited Liability Company ZARA PIZZA, LLC			
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Formation RI					
6. Principal Office Address 272 SUMMIT DRIVE		City CRANSTON	State RI	Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Street Address 272 SUMMIT DRIVE		City CRANSTON	State RI	Zip 02920	
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	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 ASHOD VARTANIAN <i>[Signature]</i>				Date 9/10/2018	
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov