



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001011424

2. Exact Name of the Limited Liability Company CALIBRATED KITCHENS, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

722310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

CONDUCTED FOOD SAFETY INSPECTIONS FOR RESTAURANT/S IN THE STATE OF RI. THE INTENT OF THESE INSPECTIONS IS TO ASSIST THE CHEF/OWNER ACHIEVE MORE POSITIVE RESULTS FROM THE RIDOH INSPECTIONS. AT THIS POINT THE BUSINESS IS QUITE NEW AND PRESENTLY HAVE ONE CLIENT THAT I AM DOING BUSINESS WITH BUT SEEKING OTHER POSSIBILITIES. MY FUTURE INTENT IS TO CONTINUE WITH THE CLIENT I HAVE NOW AND GET A FEW MORE CLIENTS BEFORE THE SUMMER SEASON BEGINS. THIS IS ONLY A PART TIME BUSINESS FOR ME SO I AM LIMITED TO THE NUMBER OF HOURS I AM ABLE TO DEVOTE TO IT UNTIL THAT TIME.

5. Principal Office Address

No. and Street: 650 EAST GREENWICH AVENUE

City or Town: WEST WARWICK

State: RI Zip: 02893 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 650 E GREENWICH AVE

City or Town: WEST WARWICK

State: RI Zip: 02893 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CHRISTOPHER M. ORTON 1383 WARWICK AVENUE WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of November, 2018 at 4:52:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LINDA KENDER
Signature of Authorized Person

Form No. 632
Revised 09/07

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