Si Si	ate of Rhode Island and Pr Office of the Secret		ntations	Fee: \$50.00
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	Street 104-2615		
Limited Liability Com Annual Report Filing Period: September 1 -				
	7-16-66(d), each limited liability con n thirty (30) days after the time pres penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2018</u>			
1. ID No. <u>000912378</u>				
2. Exact Name of the Lin	nited Liability Company IGotta), LLC		
3. State of Formation				
State: <u>RI</u>				
	ARTICLE III			
-	ode that best describes the primary information on <u>NAICS</u> can be found		cted by the entit	y. Download
4. Brief Description of the	Character of the Business Whic	h is Actually Co	onducted in Rho	ode Island
RESTAURANT AND FO	OOD TRUCK OPERATIONS B	<u>BQ CATERINO</u>	<u>1</u>	
5. Principal Office Addres	ŝ			
	RBERRY HILL ROAD BERLAND	State: <u>RI</u> Zip:	<u>02864</u> Cour	try: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Nam	e or Title of Co	ntact Person:	
	RBERRY HILL ROAD	tate: <u>RI</u> Zip: 1	<u>02864</u> Cour	ntry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Lia S	bility Company	, if Applicable.	
Title	Individual Name First, Middle, Last, Suffix	Address, City o	Address r Town, State, Zip C	ode, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL STROUT 24 BARBERRY HILL ROAD CUMBERLAND, RI 02864

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

Signed this 30 Day of November, 2018 at 12:13:32 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 <u>MICHAEL D STROUT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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