| St | ate of Rhode Island and Office of the Se | | | Fee: \$50.00 |
|---|--|-----------------------------|---------------------------------------|-------------------|
| HOPE | Division Of Bu 148 W. Ri Providence R (401) 22 | iver Street I 02904-2615 | | |
| Limited Liability Comp Annual Report Filing Period: September 1 - | | | | |
| | 7-16-66(d), each limited liability hthirty (30) days after the time enalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: | 2018 | | | |
| 1. ID No. <u>001657078</u> | | | | |
| 2. Exact Name of the Limited Liability Company Island Girl Catering, LLC | | | | |
| 3. State of Formation | | | | |
| State: <u>RI</u> | | | | |
| ARTICLE III | | | | |
| ÷ | ode that best describes the pr information on <u>NAICS</u> can be | • | conducted by the ent | ity. Download |
| <u>812990</u> | | | | |
| 4. Brief Description of the | Character of the Business | Which is Actua | lly Conducted in Rh | node Island |
| PERSONAL CHEF SERVICES, FOOD PLATTERS FOR COCKTAIL PARTIES | | | | |
| 5. Principal Office Addres | S | | | |
| | <u>LD WESTPORT ROAD</u> MOUTH | State: <u>MA</u> | Zip: <u>02747</u> Co | untry: <u>USA</u> |
| 6. Mailing Address of Lim | ited Liability Company and | Name or Title of | of Contact Person: | |
| Contact Name: Contact T No. and Street: <u>397 OL</u> City or Town: <u>DARTN</u> | D WESTPORT ROAD | State: <u>MA</u> | Zip: <u>02747</u> Co | untry: <u>USA</u> |
| 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 |
| 8. RESIDENT AGENT IN R | HODE ISLAND - DO NOT ALT | ſER | | |

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

THOMAS L. MORAN, ESQ. 129 FAIRWOOD DRIVE TIVERTON, RI 02878

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 June, 2019 at 8:48:04 AM 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>GENEVIEVE APPLEYARD</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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