S	tate of Rhode Island and Pro Office of the Secreta	
	Division Of Business	s Services
	148 W. River S	
HORE	Providence RI 029 (401) 222-30	
HOPE	· · ·	
Domestic Limited Lia Annual Report - Ame (Section 7-1.2-1501(e) of the		6, as amended)
This form is only to be used to amend the current annual report on file with this office.		
ANNUAL REPORT YEAR: 2019		
1. ID No. <u>000568339</u>		
2. Exact Name of the Limited Liability Company Froyoworld, LLC.		
3. State of Formation		
State: <u>RI</u>		
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.		
the list of codes <u>mere.</u> More information of <u>NAICS</u> can be found online.		
<u>722515</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
RETAIL TRADE - ICE CREAM AND FROZEN YOGURT		
5. Principal Office Addre	SS	
No. and Street: <u>219 THAYER STREET</u>		
	DVIDENCE State	<u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contact Title:		
No. and Street: <u>25 ONEIDA STREET</u>		
City or Town: <u>JOH</u>	NSTON State:	<u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name	Address
MANAOED	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	SOUKPRACHIT HONGKHAM	25 ONEIDA STREET JOHNSTON, RI 02906 USA
MANAGER	BASANT DAGAR	153 BRADFORD WALK NEW BRITAIN, CT 06053 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SOUKPRACHIT HONGKHAM 25 ONEIDA STREET JOHNSTON, RI 02919

Signed this 3 Day of July, 2019 at 10:47:51 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 /CECAMADO/

Signature of Authorized Person

Form No. 632 Revised 09/07

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