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

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FOR SECRETARY OF STATE US2 ONLT

Annual Report for the year: 2019

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.

4.5-15.15.11	o 5 ·	*** ** ** **			
1. Entity ID Number	2. Exact name of the Limited Liability Company PEPPERONI'S OF WOONSOCKET LLC				
001675616	PEPPER	KONI'S OF	WOONSOCKET	LLC	
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
722511	RESTAURANT				
5 State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
650 WASHINGTON HWY., SUITE 200			LINCOLN	RI	02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY		
Street Address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	^{Zip} 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
		•	Che	eck the box to indi	cate an attachment
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				Date	- 1
JOSE FERREIRA				8-0	16-19
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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