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

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001673899	**Ellada Food LLC**		
3. NAICS Code **722515**	4. Brief description of the character of business conducted in Rhode Island **SELLING OF SNACKS AND BEVERAGES**		
5. State of Formation **RI**			
6. Principal Office Address **28 PARADISE LANE**	City **JOHNSTON**	State **RI**	Zip **02919**
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **George Trikoulis**	Contact Title		
Street Address **28 Paradise Lane**	City **Johnston**	State **RI**	Zip **02919**
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Check the box to indicate 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 **George Trikoulis**	Date 8/30/19		
Signature of Authorized Person SIGN DOCUMENT HERE			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
SEP 25 2019
BY: 1087

FORM 632 - Revised: 10/2017