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R.I. DEPT. OF STATE

BUS SVCS DIV

2019 SEP 25 P 2: 55

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	4. Brief description of the character of business conducted in Rhode Island				
722515	SELLING OF SNACKS AND BEVERAGES				
5 State of Formation					
RI					
6. Principal Office Address			City	State	Zip
28 PARADISE LANE			JOHNSTON	RI	02919
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person	<u>,</u>	•
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	Sta*c	Zu 1	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
	<u> </u>	<u> </u>	<u> </u>	Check the box to in	ndicate 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 dec statements, and that all statem				ing any accompanying	schedules and
Name of Authorized Person Date					
George Trikoulis				8 30	19
Signature of Authorized Person San 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 2 5 2019

FORM 632 - Revised: 10/2017