



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

**FILED
STAMP**

OCT 07 2019

BY

12463
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1. Entity ID Number 147167		2. Exact name of the Limited Liability Company Gay Ben Tre'			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Maintain Business			
5. State of Formation Rhode Island					
6. Principal Office Address 50 Columbia Avenue			City Cranston	State RI	Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Gay Ben Tre'			Contact Title Owner		
Street Address 50 Columbia Avenue			City Cranston	State RI	Zip 02905
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 <input type="checkbox"/>					
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 Gay Ben Tre'				Date 9/30/19	
Signature of Authorized Person <i>Gay Ben Tre'</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov