



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**

OCT 07 2019

BY

8013  
[Signature]

1. Entity ID Number <b>1688670</b>		2. Exact name of the Limited Liability Company <b>MBA Enterprises, LLC</b>					
3. NAICS Code <b>722511</b>		4. Brief description of the character of business conducted in Rhode Island <b>Operation of a Restaurant</b>					
5. State of Formation <b>Rhode Island</b>							
6. Principal Office Address <b>430 Newport Avenue</b>				City <b>East Providence</b>		State <b>RI</b>	
						Zip <b>02916</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <b>Andrea Mota</b>				Contact Title <b>Operating Manager</b>			
Street Address <b>430 Newport Avenue</b>				City <b>East Providence</b>		State <b>RI</b>	
						Zip <b>02916</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name <b>Andrea Mota</b>				Manager Name			
Street Address <b>430 Newport Avenue</b>				Street Address			
City <b>East Providence</b>		State <b>RI</b>		Zip <b>02916</b>		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							
<b>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.</b>							
Name of Authorized Person <b>Andrea Mota</b>						Date	
Signature of Authorized Person [Signature]							

**MAIL TO:**

**Division of Business Services**

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