

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.

<b>EILED</b>	
OCT 28 2019 BY 52 8	QS

1. Entity ID Number 956132	2. Exact name of the Limited Liability Company Sassy Mama, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
812990	RETAIL SALE OF SPICES, SAUCES AND EXTRACTS AND FOR ALL OTHER LAWFUL						
5. State of Formation RHODE ISLAND	PURPOSES UNDER RHODE ISLAND LAW.						
6. Principal Office Address			City	State	Zip		
500 MENDON ROAD, #6			CUMBERLAND	RI	02864		
7 Mailing Address of Limited L	iability Compa	any and Name or		*.			
Contact Name DEBORAH M. SOUSA			Contact Title MANAGER				
Street Address 500 MENDON ROAD, #6			City CUMBERLAND	State RI	<sup>Zip</sup> 02864		
8. List ALL managers (names	and addresse	s) of the Limited I	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name Manager Name							
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			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 Date							
DEBORAH M. SOUSA /U/2/19,							
Signature of Authorized Person	. Sous		N DOCUMENT HERE	/	7		

MAIL TO:

**Division of Business Services** 

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

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