



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 28 2019  
BY 5218 DS

1. Entity ID Number <b>956132</b>		2. Exact name of the Limited Liability Company <b>Sassy Mama, LLC</b>			
3. NAICS Code <b>812990</b>		4. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALE OF SPICES, SAUCES AND EXTRACTS AND FOR ALL OTHER LAWFUL PURPOSES UNDER RHODE ISLAND LAW.</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>500 MENDON ROAD, #6</b>		City <b>CUMBERLAND</b>		State <b>RI</b>	Zip <b>02864</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>DEBORAH M. SOUSA</b>			Contact Title <b>MANAGER</b>		
Street Address <b>500 MENDON ROAD, #6</b>		City <b>CUMBERLAND</b>		State <b>RI</b>	Zip <b>02864</b>
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.					
<i>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.</i>					
Name of Authorized Person <b>DEBORAH M. SOUSA</b>				Date <b>10/2/19.</b>	
Signature of Authorized Person <i>Deborah M. Sousa</i>				SIGN DOCUMENT HERE	

MAIL TO:  
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