

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.

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By ov	15127	$\sim$

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1. Entity ID Number 1658322	2. Exact name of the Limited Liability Company Bossa, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
722511	Restaurant						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
555 Atwood Avenue			Cranston	RI	02920		
7. Mailing Address of Limited Lia	billty Company	and Name or Title					
Contact Name Gina Musto			Contact Title Member				
Street Address 31 Grand Isle Drive, Apt 522			City Wakefield	State RI	<sup>Zip</sup> 02879		
8. List ALL managers (names a	nd addresses) o	f the Limited Liabi	ility Company, IF APPLICA	ABLE - DO NOT LIST N	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 it	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 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							
Gina Musto							
Signature of Authorized Person SIGN 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