RI SOS Filing Number: 201927898480 Date: 11/22/2019 12:42:00 PM



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.

| 2019 NOV 22 | SECRETAR CORPORA | |
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| 1. Entity ID Number 1341123 | 2. Exact name of the Limited Liability Company PUNTA CANA INVESTMENTSLLC | | | | | | |
|--|---|--|---|---------------------------|-----------------------|--|--|
| 3. NAICS Code 72251/ | Brief description of the character of business conducted in Rhode Island RESTAURANT | | | | | | |
| 5. State of Formation RI | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 500 BROAD ST | | | PROVIDENCE | RI | 02907 | | |
| 7. Mailing Address of Limited Lia | bility Company | and Name or Title | e of Contact Person | | | | |
| Contact Name JOSE MENDEZ | | | Contact Title OFFICER | | | | |
| Street Address 476 WELLINGTON AVE 2ND FLR | | | City CRANSTON | State RI | ^{Zip} 02910 | | |
| 8. List ALL managers (names ar | id addresses) (| of the Limited Liab | ility Company, IF APPLICAE | BLE - DO NOT LIST I | MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Addres* | | | Street Address | | | | |
| Citv | Sta*n | 7:A | City | State | Zip | | |
| Manager Name | | - | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | · | Check the box to i | ndicate an attachment | | |
| 9. Resident Agent in Rhode Islan | d. This informat | ion is currently of rec | ord with the Department of Sta | te. Changes require filir | ng Form 642. | | |
| Under penalty of perjury, I dec statements, and that all staten | lare and affirn ents containe | n that I have exan ed herein are true | nined this report, including and correct. | g any accompanyin | g schedules and | | |
| Name of Authorized Person Date | | | | | | | |
| JOSE MENDEZ | 11/21/2019 | | | | | | |
| Signature of Authorized Person | | SIGN DO | DOUMENT 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 FILED C

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