RI SOS Filing Number: 202047819700 Date: 8/6/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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.

R.I. DEPT. OF STATE  BUS SYCS DIV
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	<del>,                                      </del>					
1. Entity ID Number 1671921	2. Exact name of the Limited Liability Company					
3. NAICS Code			ter of business conducted in Rho	de Island		
72513						
5. State of Formation Restaurent (We Prefaved African dish)						
6. Principal Office Address			Prolidente	State	Zip D2903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name WARCH SICH Er			Contact Title DWNev			
Street Address 418 Pini Street			City Proudent	State 7	Zip D7913	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Floren (c B. Sieh			Manager Name TING S Makor			
Street Address 418 PINC Street			Street Address 418 Pinc Street			
City Provident	State	Zip 02903	City Prolydente	State 2	Zip D7903	
Manager Name Manager Name						
Street Address			Street Address			
City	State	Zıp	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	Warcu	Sich	87	7/30/	20	
Signature of Authorized Person  SIGNOGUMENT HERE						
MAIL TO:						
Division of Business Services	<u> </u>	\	AUG 0 6 2	020		
Phone: (401) 222-3040						
Trebaile. www.sus.ii.guv			BA TOO			