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BUS SYCS DIV

2020 SEP-16 PH 4: 15

SEP 25 2021

## 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.

					<u> </u>	
Entity ID Number		ame of the Limite	ed Liability Company BY_		$\gamma N \zeta$	
00167802	CUY	CUYTY WALLA LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
732511	Poc	POOD SERVICE				
5 State of Formation						
RHODE IS	SLAND					
6. Principal Office Address			City	State	Zıp	
1525 SM	ith st		PLORTH PROVID	eme BI	02911	
7. Mailing Address of Limi	ted Liability Compa	any and Name or	r Title of Contact Person	•	•	
Contact Name CHAND	IRA GHAI	di CHHE	TRY Contact Title OWNER	-		
Street Address	e.		City	State	Zip	
8. List ALL managers (nai	mes and addresse	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
		<u> </u>	··	Check the box to i	ndicate an attachment	
9 The Resident Agent info	ormation currently	of record with the	RI Department of State is accurate	e. Changes require	e filing Form 642.	
Under penalty of perjury statements, and that all	, I declare and aff statements conta	īrm that I have ( Ined herein are	examined this report, including a true and correct.	ny accompanyin	g schedules and	
Name of Authorized Person				Date		
CHANDRA CHARTI CHHBTRY  Signature of Authorized Person				09-016-2020		
Signature of Authorized Pe	erson	my -		<del> </del>		
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## MAIL TO:

**Division of Business Services** 

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

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov