



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
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.

STAMP  
FILED

OCT 26 2020

BY 6473

|  |       |  |      |                         |                     |
|--|-------|--|------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>585333</b>   |       | 2. Exact name of the Limited Liability Company<br><b>CUD BELLY, LLC</b>                                |      |                         |                     |
| 3. NAICS Code<br><b>531120</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Hold Real Estate</b> |      |                         |                     |
| 5. State of Formation<br><b>RI</b>   |       |  |      |                         |                     |
| 6. Principal Office Address<br><b>2464 E Commodore Perry Hwy</b>   |       | City<br><b>Wakefield</b>   |      | State<br><b>RI</b>      | Zip<br><b>02879</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |      |                         |                     |
| Contact Name<br><b>Kimberly Hooper</b>   |       | Contact Title<br><b>Member</b>   |      |                         |                     |
| Street Address<br><b>2464 E Commodore Perry Hwy</b>  |       | City<br><b>Wakefield</b>   |      | State<br><b>RI</b>      | Zip<br><b>02879</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. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br><b>DAVID T. KELLY, ESQ</b>  |       |  |      | Date<br><b>10/22/20</b> |                     |
| Signature of Authorized Person<br><b>David Kelly, Esq</b>  |       |  |      |                         |                     |

## MAIL TO:

Division of Business Services

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