RI SOS Filing Number: 202069937460 Date: 10/26/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

OCT 2 6 2020

→ 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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Entity ID Number	2. Exact name of the Limited Liability Company					
541031	Cleopatra Enterprises, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	Management services, Consulting & Real Estate and any other legal business					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
I Wayland Avenue Unit 312N			Providence	RI	02906	
7. Mailing Address of Limited Lia	ability Compa	ny and Name or Tit				
Contact Name Megan J. Mihara			Contact Title Member			
Street Address 1 Wayland Avenue Unit 312N			City Providence	State RI	^{Zip} 02906	
8. List ALL managers (names a	nd addresses) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST N	IEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	·	•		Check the box to in	ndicate an attachment	
9. The Resident Agent informati	on currently o	f record with the R	I Department of State is acci	urate. Changes require	filing Form 642.	
Under penalty of perjury, I de statements, and that all states				ng any accompanying	g schedules and	
Name of Authorized Person				Date	Date	
Megan J. Mihara				10/21/20	10/21/2020	
Signature of Authorized Person Megaw	rhau	/				

MAIL TO:

Division of Business Services

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

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