

FILED

Annual Report for the year: 2020 Limited Liability Company

OCT 2 6 2020

→ Filing period: September 1 - November 1

	\rightarrow	Filing	Fee:	\$50.	00
--	---------------	--------	------	-------	----

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

					\ \ \L	
Entity ID Number	2. Exact name of the Limited Liability Company					
541031	Cleopatra Enterprises, LLC					
3. NAICS Code	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 Lin	ability Compa	ny and Name or				
Contact Name Megan J. Mihara			Contact Title Member			
Street Address 1 Wayland Avenu	ie Unit 312N		City Providence	State RI	Zip 02906	
8. List ALL managers (names a	nd addresse:	s) of the Limited l	iability Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS	
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	
	<u>,, , , , , , , , , , , , , , , , , , ,</u>	•		Check the box to i	ndicate an attachment	
9. The Resident Agent informat	on currently	of record with the	RI Department of State is acci	urate. Changes require	e filing Form 642.	
Under penalty of perjury, I de statements, and that all state				ng any accompanyin	g schedules and	
Name of Authorized Person					······································	
Megan J. Mihara	10/21/2	10/21/2020				
Signature of Authorized Person Megav	whou	/		•		

MAIL TO:

Division of Business Services

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

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