	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029	Street	
HOPE	(401) 222-30	40	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability com a thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>000126969</u>			
2. Exact Name of the Limited Liability Company <u>HERISA GROUP, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>722511</u>			
4. Brief Description of the	Character of the Business Whic	h is Actually Conducte	ed in Rhode Island
OPERATE A TAVERN	AND RESTAURANT		
5. Principal Office Addres	S		
	OSPITAL STREET VIDENCE State	e: <u>RI</u> Zip: <u>02903</u>	Country: <u>USA</u>
6. Mailing Address of Lim	nited Liability Company and Nam	e or Title of Contact P	erson:
	TWELLS AVENUE	te: RI Zip: 02903	Country: USA
	Each Manager of the Limited Lia		
Title	Individual Name	Add	
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
MANAGER	HENRY MU	1 W. EXC PROVIDENCE,	CHANGE 3001

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SOPHIA CUYEGKENG 222 ATWELLS AVENUE PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 5 Day of November, 2020 at 10:14:48 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>CHUNG-HAN LIU</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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