RI SOS Filing Number: 202188280470 Date: 1/29/2021 3:33:00 PM

State of Rhode Isla Department o			ices Division	_	•	
Annual Report for th Limited Liability Con → Filing period: Septem	npany			2021 JAN	R.I. DE	
→ Filing Fee: \$50.00 → Penalty: Additional \$2:			ecember 1.	N 29 F	ECEIVE PT. OF S	
1. Entity ID Number 000725115	I -	ame of the Limited	d Liability Company	TATE 3: 3		
3. NAICS Code 722513	1	Brief description of the character of business conducted in Rhode Island Quick/limited Service Restaurant Franchise				
5. State of Formation DE						
6. Principal Office Address 5010 Lenker Street #100			City Mechanicsburg	State PA	Zip 17050	
7. Mailing Address of Limited	Liability Comp	any and Name or				
Contact Name Dine Technology	ogy		Contact Title Accountant			
Street Address 620 Ramsey Ave			City Hillside	State NJ	Zip 07205	
	s and 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	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
					dicate an attachment	
9. Resident Agent in Rhode I	sland. This inform	nation is currently of	record with the Department of Sta	ate. Changes require filing	Form 642.	
statements, and that all sta	deciare and an Itements conta	irm that i have e: ined herein are t	xamined this report, including rue and correct.	ig any accompanying	schedules and	
Name of Authorized Person Raghu Tadavarthy				Date 29 21		
Signature of Authorized Pers	gn		70000000000000000000000000000000000000		/	

MAIL TO:

Division of Business Services

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

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

JAN 2 9 2021

BY 1/2607 ORM 852 Revised: 10/2011