RI SOS Filing Number: 202193603460 Date: 3/4/2021 3:57:00 PM



State of Rhode Island

Department of State - Business Services Division

→ 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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R.I. DET TO DIV	

STALP

2021 MAR -4 P 3: 53

1. Entity ID Number	2. Exact name of the Limited Liability Company						
001669 189	Cuke	on the	e Olean, LL	- <u>C</u>			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
551112	1.1.1.						
5. State of Formation	Holding Compra, Hospitalita						
Rhodetsland		<u> </u>					
6. Principal Office Address			City	State	Zip		
One Richmond Square			Providence	RF	02840		
7. Mailing Address of Limited Lia		and Name or Title	of Contact Person				
Contact Name Phylan			Contact Title Perahons				
Street Address Sorry Street			city Med Field	State	ZipOLOSL		
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	8	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							
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 dec statements, and that all stater	clare and affirm	that I have exai	nined this report, including				
Name of Authorized Person Date							
Jake Phelon31					121		
Signature of Authorized Person M. M. Signature of Authorized Person							
	!			···			

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2020