RI SOS Filing Number: 202194602660 Date: 3/16/2021 10:29:00 AM



State of Rhode Island

Department of State - Business Services Division

RILDEPT OF STATE BUS SVCS DIV

2021 MAR 16 AM 10: 28

Annual Report for the year: 2019 Limited Liability Company

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|--|--|--------------------|---|---------------------|-----------------------|--|
| 163219 | Food Safety Training & Facilities Inspection | | | | | |
| 3. NAICS Code 722511 | Brief description of the character of business conducted in Rhode Island All types of food safety and training | | | | | |
| 5. State of Formation RI | 1 | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 2 Stephen | | | Greenville | Ri | 02828 | |
| 7. Mailing Address of Limited Li | | any and Name or | | | • | |
| Contact Name Kenneth M. Collins | | | Contact Title Owner | Contact Title Owner | | |
| Street Address 2 Stephen Street | | | City Greenville | State RI | ^{Zip} 02828 | |
| 8. List ALL managers (names a | nd addresse: | s) of the Limited | Liability Company, IF APPLICAL | BLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| · ··· | <u></u> | | | Check the box to i | ndicate an attachment | |
| 9. The Resident Agent informati | on currently (| of record with the | RI Department of State is accu | | | |
| Under penalty of perjury, I des statements, and that all states | clare and aff ments conta | irm that I have a | examined this report, including true and correct. | g any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| Kenneth M. Collins | | | | 03/13/21 | | |
| Signature of Authorized Person | 7. OO. | | | | | |
| Kuttem Odlin | | | | | | |

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

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FORM 632 - Revised: 08/2020