RI SOS Filing Number: 202195985050 Date: 4/26/2021 12:36:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018 Elimited 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.

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Entity ID Number	2. Exact name of the Limited Liability Company								
001665130	Hamor- Hotor Catering LCC								
3. NAICS Code	Brief description of the character of business conducted in Rhode Island								
7,2330									
5. State of Formation	Flamor	- H0101 0	tters costering Jervius	rs cutering services to other businesses					
RI									
6. Principal Office Address		<u> </u>	City	State	Zip				
761 Hartford Ave			Johnston	17-1	19-80				
7. Mailing Address of Limited Lia	bility Company	y and Name o	Title of Contact Person		- 				
Contact Name OGAN ESS GEVORKIAN			Contact Title OWNER	Contact Title OWNER					
Street Address 761 Hartford Ave			City Johns An	State P/	Zip 02919				
8. List ALL managers (names ar	nd addresses)	of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST N					
Manager Name			Manager Name						
Street Address			Street Address	Street Address					
City	State	Zıp	City	State	Zıp				
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	n currently of i	record with the	RI Department of State is accurate						
Under penalty of perjury, I dec statements, and that all statem	lare and affirm	n that I have e	examined this report, including a	ny accompanying	schedules and				
Name of Authorized Person)GANESS			Date 4/23/2/					
Signature of Authorized Person Chorness geworking									
	FILED m								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 26 2021

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