RI SOS Filing Number: 202196124340 Date: 4/30/2021 4:08:00 PM

State of Rhode Island
Department of State - Business Services Division

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2021 APR 30 P 4:07

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		
001683803	eulalias, llc		
3. NAICS Code: 722330	4. Brief description of the character of business conducted in Rhode Island: shaved ice truck		
5. State of Formation: rhode island			
6. Principal Office Address: 46 moore st	City: providence	State: ri	Zip: 02907

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
marken shedd	owner/founder		
Street Address: 46 moore st	City: providence	State: ri	Zip: 02907

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Manager Name		
marken shedd	narcissa segura		
Street Address: 46 moore st	Street Address: 532 kinsley avenue #1		
City: providence / State: ri / Zip: 02907	City: providence / State: ri / Zip: 02907		
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 declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Person	Date
marken shedd	4/30/2021
Signature of Authorized Person: Marken Shedd	

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
APR 30 2021
BY HEW.6r
4:08

FORM 632 - Revised: 08/2020