RI SOS Filing Number: 202196615640 Date: 5/14/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 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.

MAY 1 4 2021 167

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|----------------------|-----------------------|-----------------|----------------------|--|
| 001687281 | Casa Chapina Restaurant LLC | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island Full Service Reestaurant HISPANIC FOOD | | | | | |
| 722511 | | | | | | |
| 5. State of Formation | | | | | | |
| RHOD ISLAND | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 601 Hartford Ave | | | Providence | RI | 02909 | |
| 7. Mailing Address of Limited Lia | | and Name or Titl | le of Contact Person | | <u> </u> | |
| Contact Name GLORIA A MORALES | | | Contact Title MANAGER | | | |
| Street Address 603 HARTFORD AVE | | | City PROVIDNCE | State RI | ^{Zıp} 02909 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name GLORIA A MORALES | | | Manager Name | | | |
| Street Address 603 HARTHORD AVE | | | Street Address | | | |
| City PROVIDENCE | State RI | ^{Zip} 02909 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zıp | |
| Check the box to indicate an attachmen | | | | | | |
| 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 staten | | | | any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| GLORIA A MORALES | | | | 5/10/2021 | | |
| 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