



State of Rhode Island
Department of State - Business Services Division

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2021 MAY 20 PM 12:45

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.

1. Entity ID Number 553330		2. Exact name of the Limited Liability Company ITALIA LLC	
3. NAICS Code 447100		4. Brief description of the character of business conducted in Rhode Island PIZZA & CONVICTION STORE	
5. State of Formation RI			
6. Principal Office Address 659 SMITH ST		City PROVIDENCE	State R-I
		Zip 02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name AMR FAKHRY		Contact Title OWNER	
Street Address 24 PINEWOOD DR		City NORTH PROVIDENCE	State RI
		Zip 02904	
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	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Check the box to indicate an attachment <input type="checkbox"/>			
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 AMR FAKHRY			Date 5-19-2021
Signature of Authorized Person AMR FAKHRY			

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

MAY 20 2021
BY TOGA A.A.