



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

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 <b>553330</b>		2. Exact name of the Limited Liability Company <b>ITALIA LLC</b>	
3. NAICS Code <b>447100</b>		4. Brief description of the character of business conducted in Rhode Island <b>PIZZA &amp; CONVICTION STORE</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>659 SMITH ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>AMR FAKHRY</b>		Contact Title <b>OWNER</b>	
Street Address <b>24 PINEWOOD DR</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 <b>AMR FAKHRY</b>		Date <b>5-19-2021</b>	
Signature of Authorized Person <b>AMR FAKHRY</b>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

MAY 20 2021  
BY **706A A.A.**