RI SOS Filing Number: 202100303810 Date: 8/23/2021 4:00:00 PM

State of Rhode Island
**Department of State - Business Services Division**

FILED
AUG 23 2021
BY 372

**Annual Report for the year: 2021**
**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 | | |
|---|---|---|---|
| 001659261 | . OT, LLC | | |
| 3. NAICS Code: 722330 | 4. Brief description of the character of business conducted in Rhode Island: Mobile Food Service Vendors | | |
| 5. State of Formation: Rhode Island | | | |
| 6. Principal Office Address: 405 Cumberland Hill Road | City: Woonsocket | State: RI | Zip: 02895 |

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

| Contact Name: Owen J. Doyle | Contact Title: President | | |
|---|---|---|---|
| Street Address: 405 Cumberland Hill Road | City: Woonsocket | State: RI | Zip: 02895 |

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 |
| 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: Owen J. Doyle | Date: |
|---|---|
| Signature of Authorized Person | |

**MAIL TO:**
Division of Business Services
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**Website:** www.sos.ri.gov