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.

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SEP 1 6-2021 NE

ву____ЗД

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company						
000508373	JAMRA	JAMRA, LLC						
3. NAICS Code	4. Brief de:	4. Brief description of the character of business conducted in Rhode Island						
722511	Restaura	Restaurant and lounge						
5. State of Formation								
Rhode Island								
6. Principal Office Address			City	State	Zip			
One Turks Head Place, Suite 312			Providence	RI	02903			
7. Mailing Address of Limited		any and Name o						
Contact Name Moshe Gabar			Contact Title Member	Contact Title Member				
Street Address 99 Walton Street			City Providence	State RI	^{Zip} 02908			
8. List ALL managers (name:	s and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
<u></u>	<u></u>		_	Check the box to i	indicate an attachment			
9. The Resident Agent inform	ation currently	of record with th	e RI Department of State is accu	ırate. Changes requir	e filing Form 642			
Under penalty of perjury, I o statements, and that all sta	declare and aff tements conta	firm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and			
Name of Authorized Person			-	Date ala	/2			
Moshe Gabai		_		1 7/9,	1/2021			
Signature of Authorized Perso	on	Sw						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov