



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Limited Liability Company

SEP 30 2021

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY AL 11710

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|-----|
| 1. Entity ID Number 000740612 | | 2. Exact name of the Limited Liability Company Armenucci , LLC | | | |
| 3. NAICS Code 722511 | | 4. Brief description of the character of business conducted in Rhode Island To own and operate a restaurants and do all things incidental thereto. | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 280 George Washington Highway | | City Smithfield | State RI | Zip 02917 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Jeanine Iannucci | | | Contact Title Member | | |
| Street Address 280 George Washington Highway | | City Smithfield | State RI | Zip 02917 | |
| 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 <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 Jeanine Iannucci | | | | Date 9/23/21 | |
| Signature of Authorized Person | | | | | |

MAIL TO:
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