RI SOS Filing Number: 202103106940 Date: 10/12/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: $\frac{2021}{}$ **Limited Liability Company**

→ Filing Fee: \$50.00

OCT 1 2 2021 FOR SECRETARY OF STATE USE ONLY

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

<u></u>	F					
Entity ID Number		2. Exact name of the Limited Liability Company				
161583	Lemongrass	Lemongrass, LLC				
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
722511	Restaurant b	Restaurant business				
5. State of Fermation						
Rhode Island				·		
6. Principal Office Address			City	State	Zip	
102-104 Ives Street			Providence	RI	02906	
7. Mailing Address of Limited L	Liability Compan	y and Name or Tit	le of Contact Person			
Contact Name Andrew G. Nault, Esq.			Contact Title Corporate Counsel			
Street Address 1334 Mendon Road			City Cumberland	State RI	Zip 02864	
8 List ALL managers (names	and addresses)	of the Limited Lia	bility Company, IF APPLICAS	BLE - DO NOT LIST I	MEMBERS	
Manager Name Lisa Kuscu			Manager Name			
Street Address 6 Eagle Nest Drive			Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zıp	
Manager Name Mustafa Kuscu			Manager Name			
Street Address 6 Eagle Nest Drive			Street Address			
City Lincoln	State RI	Z _{IP} 02865	City	State	Zıp	
	•	•	· · · · · · · · · · · · · · · · · · ·	Check the box to	ndicate an attachment	
9. The Resident Agent informa	ation currently of	record with the R	Department of State is accu	irate. Changes requir	e filing Form 642.	
Under penalty of perjury, I d statements, and that all stat				g any accompanyin	g schedules and	
Name of Authorized Person						
Lisa Kuscu					20 2	
Signature of Authorized Perso	on USU					

MAIL TO:

Division of Business Services

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

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