



State of Rhode Island
Department of State - Business Services Division

STAMP

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 001671879		2. Exact name of the Limited Liability Company Camp Nowhere LLC			
3. NAICS Code 722511		4. Brief description of the character of business conducted in Rhode Island Resturant			
5. State of Formation RI					
6. Principal Office Address 1838 Smith Street		City North Providence	State RI	Zip 02911	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Street Address 1838 Smith Street		City North Providence	State RI	Zip 02911	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name James Puthastip		Manager Name			
Street Address 125 Branch Ave		Street Address			
City Providence	State RI	Zip 02905	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 Kenneth Auriggi				Date 11/1/2021	
Signature of Authorized Person 					

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

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