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R.I. DEPT. OF STATE
WBUS SVCS DIV

2021 NOV -9 A 8 52

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 001701372		2. Exact name of the Limited Liability Company Andre'S Empire Pizza, LLC 4. Brief description of the character of business conducted in Rhode Island pizza & sandwiches				
3. NAICS Code 7225/3 5. State of Formation Rhode (sland)						
Principal Office Address 371 Bound RD		_	City Cumberland	State RI	Zip 02864	
7. Mailing Address of Limited	Liability Comp	any and Name o	or Title of Contact Person			
Contact Name Samuel Zaki			Contact Title member	Contact Title member		
Stree: Address 167 Blackstone St			City Blackstone	State MA	^{Zip} 01504	
8 List ALL managers (names	and addresse	es) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zio	
Manager Name			Manager Name			
Street Andress			Street Address			
City	State	Zip	City	State	Zıp	
				Check the box to in	dicate an attachment	
The Resident Agent informat	tion currently	of record with the	RI Department of State is accur	ate Changes require	filing Form 640	
Under ponalty of perjury, I de statements, and that all state	eclare and aff	irm that I have o	evamined this money including	any accompanying	schedules and	
Name of Authorized Person				Date		
Samule Zaki				10/21/21		
Signature of Authorized Person	1 de,			10/31/0	21	

MAIL TO:

Division of Business Services

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

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

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BY Cu CK# 4255

FORM 632 - Revised: 08/2020