Annual Report	Office of the Secretary of State         Division Of Business Services 148 W. River Street Providence RI (02904-2615 (401) 222-3040         Colspan="2">Colspan="2"Colspan="2" <th></th> <th></th> <th></th> <th></th>							
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lile its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&0)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2021         1. ID No. 001681919         2. Exact Name of the Limited Liability Company ŠAKO'S PIZZA, LLC         3. State of Formation State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         722511         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         State: RI Zip: 02910 Country: USA         A Marting Address         No. and Street: 823 RESERVOIR AVENUE City or Town: CRANSTON         State: RI Zip: 02910 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 823 RESERVOIR AVENUE City or Town: CRANSTON         State: RI Zip: 02910 Country: USA         A Maili	148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         Intractional Report         Filing Period: September 1 - November 1         Intractional Report         Filing Period: September 1 - November 1         Intractional Report         Filing Period: September 1 - November 1         Intractional Report         Intractional Report         Intractional Report View (R.I.G.L. 7-16-68)(d), each limited liability company failing or refusing to file its annual report with in thirty (20) days after the time presenbed by law (R.I.G.L. 7- 16-60(b&c)) is subject to a penalty fee of \$25:00.         ANNUAL REPORT YEAR: 2021         1.10 No. 001681919         Quite Colspan="2">Quite Colspan="2" <td col<="" td=""><td></td><td></td><td></td><td>Fee: \$50.00</td></td>	<td></td> <td></td> <td></td> <td>Fee: \$50.00</td>				Fee: \$50.00		
Context Liability Company Prime Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&C) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2021         1. ID No. 001681919         2. Exact Name of the Limited Liability Company SAKO'S PIZZA, LLC         3. State of Formation State: Ril         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         722511         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SALE OF FOOD AND ALCOHOLIC BEVERAGES         5. Principal Office Address         No. and Street:       \$23 RESERVOIR AVENUE City or Town:       Contact Title: No. and Street:       \$23 RESERVOIR AVENUE City or Town:       Contact Title: No. and Street:       \$23 RESERVOIR AVENUE City or Town:       Contact Title: No. and Street:       \$23 RESERVOIR AVENUE City or Town:       Contact Title: No. and Street:       \$23 RESERVOIR AVENUE City or Town:       Contact Title: No. and Street:       \$23 RESERVOIR AVENUE City or Town:       Contact Title: No. and Street:       \$23 RESERVOIR AVENUE City or Town:       Co	Limited Liability Company Annual Report Filing Period: September 1 - November 1 ht accordance with R1.0 L. 7-16-66(d), each limited liability company failing or refusing to fio its annual report within thirty (30) days after the time prescribed by law (R1.6.L. 7- (F66(dx.6.)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2021 1. ID No. 001681919 2. Exact Name of the Limited Liability Company SAKO'S PIZZA, LLC 3. State of Formation State: Bl ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 722511 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SALE OF FOOD AND ALCOHOLIC BEVERAGES 5. Principal Office Address No. and Street: 823 RESERVOIR AVENUE City or Town: CRANSTON State: RI Zip: 02910 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 823 RESERVOIR AVENUE City or Town: CRANSTON State: RI Zip: 02910 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 823 RESERVOIR AVENUE City or Town: CRANSTON State: RI Zip: 02910 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	148 W. River Street Providence RI 02904-2615						
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SALE OF FOOD AND ALCOHOLIC BEVERAGES         5. Principal Office Address         No. and Street:       823 RESERVOIR AVENUE City or Town:         CRANSTON       State: RI       Zip: 02910         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title: No. and Street:         823 RESERVOIR AVENUE City or Town:       Contact Title: READSTON         No. and Street:       823 RESERVOIR AVENUE City or Town:         CANSTON       State: RI       Zip: 02910         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name	SALE OF FOOD AND ALCOHOLIC BEVERAGES         5. Principal Office Address         No. and Street:       823 RESERVOIR AVENUE City or Town:         CRANSTON       State: RI       Zip: 02910         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title: No. and Street:         No. and Street:       823 RESERVOIR AVENUE City or Town:       Cantor View         Contact Name:       Contact Title: City or Town:       Cantor View         No. and Street:       823 RESERVOIR AVENUE City or Town:       Cantor View         City or Town:       CRANSTON       State: RI       Zip: 02910       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Down, State, Zip Code, Country         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country		e Character of the Business Whic	h is Actually Conduct	ed in Rhode Island			
5. Principal Office Address         No. and Street:       823 RESERVOIR AVENUE CRANSTON         State: RI       Zip: 02910         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       823 RESERVOIR AVENUE B23 RESERVOIR AVENUE City or Town:       Contact Title:         No. and Street:       823 RESERVOIR AVENUE B23 RESERVOIR AVENUE City or Town:       State: RI       Zip: 02910       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address	5. Principal Office Address         No. and Street: <u>823 RESERVOIR AVENUE</u> City or Town:       CRANSTON       State: RI       Zip: 02910       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street: <u>823 RESERVOIR AVENUE</u> City or Town:       Contact Title:         No. and Street: <u>823 RESERVOIR AVENUE</u> City or Town:       Canston average         City or Town:       CRANSTON       State: RI       Zip: 02910       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Down, if Applicable.         Title       Individual Name First, Middle, Last, Suffix       Address Address, City or Town, State, Zip Code, Country							
No. and Street: City or Town:823 RESERVOIR AVENUE CRANSTONState: RIZip: 02910Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name: State: RIZip: 02910Country: USAContact Name: No. and Street: City or Town:Contact Title: RANSTONState: RIZip: 02910Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERSIndividual NameAddress	No. and Street:       823 RESERVOIR AVENUE CRANSTON       State: RI       Zip:       02910       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       823 RESERVOIR AVENUE       Jip:       02910       Country: USA         Contact Name:       Contact Title:       Jip:       O2910       Country: USA         No. and Street:       823 RESERVOIR AVENUE       Jip:       02910       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address.       Address.       Address.         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	SALE OF FOOD AND	ALCOHOLIC BEVERAGES					
City or Town:CRANSTONState: RIZip: 02910Country: USA6. Mailing Address of Limited Liability Company and Name or TitleContact Person:Contact Name:Contact Title:State: RIZip: 02910Country: USANo. and Street:823 RESERVOIR AVENUEState: RIZip: 02910Country: USACity or Town:CRANSTONState: RIZip: 02910Country: USATitleIndividual NameAddress	City or Town:       CRANSTON       State: RI       Zip:       02910       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       823 RESERVOIR AVENUE       Zip:       02910       Country: USA         City or Town:       CRANSTON       State: RI       Zip:       02910       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address, City or Town, State, Zip Code, Country	5. Principal Office Addre	SS					
Contact Name:       Contact Title:         No. and Street:       823 RESERVOIR AVENUE         City or Town:       CRANSTON         State:       RI         Zip:       02910         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name	Contact Name:       Contact Title:         No. and Street: <u>823 RESERVOIR AVENUE</u> City or Town:       CRANSTON         State: <u>RI</u> Zip: <u>02910</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country			tate: <u>RI</u> Zip: <u>02910</u>	Country: <u>USA</u>			
No. and Street: City or Town:       823 RESERVOIR AVENUE CRANSTON       State: RI       Zip:       02910       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address	No. and Street: City or Town:       823 RESERVOIR AVENUE CRANSTON       State: RI       Zip:       02910       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address       Address, City or Town, State, Zip Code, Country	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:						
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	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	7. Name and Address of	Each Manager of the Limited Lia		-			
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title						
			First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HAGOP S. JAWHARJIAN 2013 PLAINFIELD PIKE JOHNSTON, RI 02919

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 30 Day of November, 2021 at 9:01:35 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By SARKIS HAGOPIAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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