|--|

State of Rhode Island

Department of State - Business Services Division

RIL DEFT. OF STATE BUS SVOS DIV

Annual Report for the year: 2021

2821 NOV 29 PM 4: 09

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.

	T -					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
00/658458	4. Brief description of the character of business conducted in Rhode Island					
3. NAICS Code						
[45344]	Retail Lounge for toBacco and Alcohol.					
5. State of Formation						
R.I						
6. Principal Office Address			City ,	State	Zip	
47 High St.			Wester/	/ RI	02891	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Gree D. Williams				CEO/OWNER		
Street Address 47 High St.			City Wester	State	Zip 0289/	
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	Zıp	
Check the box to indicate an attachment						
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 , Date						
Breg D. Williams 11/29/2						
Signature of Authorized Person						
L D. h/l/						

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 08/2020