

Annual Report for the year: 2021 **Limited Liability Company**

DEC 21 2021

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company					
1001703505	Entourage Laterina LC					
NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
122320	Was	to be	caten	ma-	Never	operated
5. State of Formation	dhe	to Co	VID- C	JISS0	lving	operated (mailed)
6 Principal Office Address Cranston Ave			Newpor	4	State	0/82Q
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Hndrea LAZOr			COM OWNE			
8 Cranston Auc			Newpen	+	s 2	Evero
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	Zip
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 PAGAGA G Gray Lazor Date 12/13/2021						
Signature of Mathorized 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