



State of Rhode Island  
**Department of State - Business Services Division**

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2022 JAN -5 P 1:31

**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.

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|   |       |  |                               |                          |     |
|---|-------|--|-------------------------------|--------------------------|-----|
| 1. Entity ID Number<br><b>1695800</b>   |       | 2. Exact name of the Limited Liability Company<br><b>CGRG Enterprises, LLC</b>                   |                               |                          |     |
| 3. NAICS Code<br><b>722514</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Restaurant</b> |                               |                          |     |
| 5. State of Formation<br><b>RI</b>  |       |  |                               |                          |     |
| 6. Principal Office Address<br><b>1041 Douglas Ave</b>  |       | City<br><b>Providence</b>  | State<br><b>RI</b>            | Zip<br><b>02908</b>      |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                               |                          |     |
| Contact Name<br><b>Reres Galindo Rios</b>   |       |  | Contact Title<br><b>Owner</b> |                          |     |
| Street Address<br><b>1041 Douglas Ave</b>   |       | City<br><b>Providence</b>  | State<br><b>RI</b>            | Zip<br><b>02908</b>      |     |
| 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 <input type="checkbox"/>  |       |  |                               |                          |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |  |                               |                          |     |
| <i>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.</i> |       |  |                               |                          |     |
| Name of Authorized Person<br><b>Reres Galindo Rios</b>  |       |  |                               | Date<br><b>8/26/2021</b> |     |
| Signature of Authorized Person<br><i>Reres Galindo Rios</i>   |       |  |                               |                          |     |

**FILED** ✓

**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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