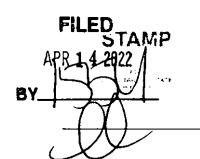


Annual Report for the year: 2022 **Limited Liability Company**

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company				
000912317	B Restaurant, LLC				
3. NAICS Code	4. Brief description of the charact	4. Brief description of the character of business conducted in Rhode Island			
722513	Restaurant				
5. State of Formation					
RI				·	
6. Principal Office Address	<u> </u>	City	State	Zip	
70 POint Judith Road		Narragansett	RI	02882	
7. Mailing Address of Limite	d Liability Company and Name or Title o	of Contact Person		I	
Contact Name Bahaa Mahmoud		Contact Title Member			
Street Address 70 Point Judith Road		City Narragansett	State RI	^{Z_{ip}} 02882	
8. The Resident Agent infor	mation currently of record with the RI Di	epartment of State is accura	te. Changes require	e filing Form 642.	
Under penalty of perjury, statements, and that all s	l declare and affirm that I have exami tatements contained herein are true a	ned this report, including nd correct.	any accompanyin	g schedules and	
Name of Authorized Person			Date		
Kate L Avarista			4/11/2022		
Signature of Authorized Pér	Marke		I		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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