



State of Rhode Island

Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2022 OCT -6 A 10: 25

|                                                                                                                                                                                                      |  |                                                                                                  |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><u>001063596</u>                                                                                                                                                              |  | 2. Exact name of the Limited Liability Company<br><u>Scratch Kitchen LLC</u>                     |                    |
| 3. NAICS Code<br><u>722513</u>                                                                                                                                                                       |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Restaurant</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |  |                                                                                                  |                    |
| 6. Principal Office Address<br><u>88 Broadway</u>                                                                                                                                                    |  | City<br><u>Newport</u>                                                                           | State<br><u>RI</u> |
|                                                                                                                                                                                                      |  | Zip<br><u>02840</u>                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |  |                                                                                                  |                    |
| Contact Name<br><u>Kyle Bennett</u>                                                                                                                                                                  |  | Contact Title<br><u>Owner</u>                                                                    |                    |
| Street Address<br><u>88 Broadway</u>                                                                                                                                                                 |  | City<br><u>Newport</u>                                                                           | State<br><u>RI</u> |
|                                                                                                                                                                                                      |  | Zip<br><u>02840</u>                                                                              |                    |
| 8. 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<br><u>Stephanie Bennett</u>                                                                                                                                                |  | Date<br><u>6 Oct 2022</u>                                                                        |                    |
| Signature of Authorized Person<br><u>Stephanie Bennett</u>                                                                                                                                           |  |                                                                                                  |                    |

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BY WTZ DeBwf

## MAIL TO:

Division of Business Services

148 W River Street, Providence Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov