RI \$OS Filing Number: 202225497940 Date: 12/23/2022 1:14:00 PM

State of Rhode Island and Providence Plantations					
Department of State - Business Services Division (ED R.I. DEPT. OF STATE BUS SYCS DIV Annual Report for the year: 2014					
		ł.	R.I. DEPT. OF STATE BUS SVCS DIV	R.I. DEPT. OF	STATEM #
Annual Report for the ye	ear: 2014			EUS SYCS	DIV
Annual Report for the year: 2014 Limited Liability Company Filing period: September 1 - November 1					
→ Filing period: September 1 - November 1					
→ Filing Fee: \$50.00					
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					
I. Entity ID Number 2. Exact name of the Limited Liability Company					
CIE CILI	N 9.				
130014	DINGA OPERATING LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
722300	Retail - FAST FOOD RESTAURANT :				
5. State of Formation	Retail - FAST FOOD RESTAURANT $\overline{\cdot}$				
RI					*
6. Principal Office Address			City	State	Zip
1427 HARTFORD AVENUE			JOHNSTON	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title					
Salahuddin Ahmad			Accountant	State	7:-
Street Address 15 PROSPECT LANE SU	JITE 1C-9		City COLONIA	State NJ	^{Zip} 07067
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		
Street Address			Sheet wontess		
City	State	Zip	City	State	Zìp
Manager Name		L	Manager Name	1	
Manager Namo			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		<u> </u>			
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, i deciare and affirm that i have examined this report, including any accompanying schedules and statements contained herein are true and correct.					
Name of Authorized Person				Date	
KALEEM ASAD				8/4/2021	<i>"</i>
Signature of Authorized Persan				¹	R
Ralew As	all	SIGN DO	POPER PRINCE		8 8
				<u>·</u>	NAME:
			FILED)	28
MAIL TO:					
Division of Business Services			DEC 23 20	122	/£D S DIV S DIV
148 W. River Street, Providence, Phone: (401) 222-3040	Rhode Island 029	904-2615	By Le 102	1	ATE V 5.7
Website: www.sos.ri.gov			RA CE 105		4