Annual Report for t Limited Liability Co	he year: 202				
→ Filing period: Febru → Filing Fee: \$50.00		May 31.		R.I. DEPT	
1. Entity ID Number	2. Exact name of the Llimit	2. Exact name of the Limited Liability Company			
3. NAICS Code		PA'I. MONTE, LLC 4. Brief description of the character of business conducted in Rhode Island			
722513	FOOD TRUCK				
5. State of Formation		•			
RI					
6. Principal Office Address		City	State	Zip	
20 JOHN MOWRY RD		SMITHFIELD			
7. Mailing Address of Limit	ed Liability Company and Name of	ir Title of Contact Person	RI	02917-1215	
Contact Name RAFAEL PEREZ		Contact Title MANAGING MEMBER			
Street Address 285 DOUGLAS PIKE		City SMITHETELD	State RI	Zlp 02917	
8. The Resident Agent info	rmation currently of record with th	e RI Department of State is acc	urate Changes room	ire filing Form 842	
Onder puneity of perjury	, I declare and affirm that I have statements contained herein are	examined this report include	ng any accompanyi	ng schodules and	
Name of Authorized Person			Date		
RAPAEL PEREZ			1/12/23		
Signature of Authorized Pe	erson				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 12 2023 BY MY H DOG->