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State of Rhode Island

## Department of State - Business Services Division

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. Annual Report for the year: \_ **Limited Liability Company** 

2023 FEB - 1 PM 2820 2AN 12 PM 1:25

--> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company  SodS LLC		
3. NAICS Code 445110	4. Brief description of the character of business conducted in Rhode Island  CHOCERY / Food Sellvice			
5. State of Formation				
6. Principal Office Address 727 Hole Steet		Teo Vidence	State	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Teffley	IngBer	Contact Title OWNER		
Street Address 727 Ho	PE STREET	chy Providence	State	<sup>z1</sup> 82906
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 <u>Je</u>	Ber	Date 01/03	23	
Signature of Authorized Person				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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