

Annual Report for the year: 2021 **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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1. Entity ID Number 000582954	2. Exact name of the Limited Liability Company RETLEV CONSULTING LLC					
3. NAICS Code 541613	4. Brief description of the character of business conducted in Rhode Island SPECIALTY RESTAURANT CONSULTING					
5. State of Formation RI						
6. Principal Office Address 2 THOMAS ST		City PROVIDENCE	State RI	Zip 02903		
7. Mailing Address of Limited L	iability Company and Name	or Title of Contact Person				
Contact Name JENS RETLEV		Contact Title MEMBER				
Street Address 70 AARON AVE		City BRISTOL	State RI	^{Zip} 02809		
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 JENS RETLEV			Date 2/10/23			
Signature of Authorized Perso	ollo					

FEB 1 3 2023 BY SUSBR

MAIL TO:

Division of Business Services

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

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