RI SOS Filing Number: 202331186150 Date: 3/15/2023 4:00:00 PM

| State of Rhode Departmen | Island It of State - Bus | siness Serv | ices Division | | | |
|---|-----------------------------|---|---------------------------------|--------------------|---------------------|--|
| Annual Report for the year. Limited Liability Company | | | | MAR 1 5 2023 | | |
| → Filing period, Sep → Filing Fee, \$50.01 → Penally Additional | 0 | | ecember 1. | . 40 | | |
| 1 Entity tO Number | 2 Exact na | 2 Exact name of the Limited Liability Company | | | | |
| 000137063 | م ا | Elite Pizza Restaurant II LLC | | | | |
| NAICS Code | | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 1122SE | İ | | | | | |
| State of Formation Restaurant | | | | | | |
| RT | 1 10010 | wkos | | | | |
| Principal Office Addre | <u>i</u> | | City | State | Ζιρ | |
| 1452 Branco's Hanney | | | Harrovile | RI | 02830 | |
| | | iny and Name o | Title of Contact Person | | 77700 | |
| Consult Name Abraham Sauvay | | | Contact Tale Member | | | |
| Street Address 24 Fewerian DR | | | C-14 BROOKIUM | State | 06234 | |
| | | s) of the Linited | Liability Company, IF APPLICA | BLE - DO NOT LIST | | |
| fanuger Name | | | Manager Namo | | | |
| Sirect Address | | | Street Address | | | |
| Lity | State | Zip | City | State | Zip | |
| Manager Name | | | M-Inager Name | | | |
| Stroet Acdress | | | Street Address | | | |
| City | State | 20 | City | S'are | Z·;; | |
| | | | | Check the box to | l | |
| The Resident Agent in | nformation currently o | of record with thi | e RI Department of State is acc | urate Changes requ | ure filing Form 642 | |
| | | | examined this report, including | ng any accompany | ing schedules and | |
| statements, and that all statements contained herein are true and correct. Name of Authorized Person | | | | Date | | |
| Abraham Sauvous | | | | | 3/1/12 | |
| Signature of Authorized | | | | . | | |

MAIL TO:
Division of Business Services