State of Rhode Island Department of State - Business Services Di	vision	FILED
Annual Report for the year: 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.	€.	MAR 16 2023 34 1687

1. Entity ID Number 000486662	2. Exact name of the Limit KATEDEN, LLC	2. Exact name of the Limited Liability Company KATEDEN, LLC				
3. NAICS Code 722513 5. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island QUICK SERVICE RESTAURANT				
6. Principal Office Address 251 SMITH STREET		City PROVIDENCE	State RI	Zip 02908		
7. Mailing Address of Limite	d Liability Company and Name o	or Title of Contact Person		•		
Contact Name JAMES T. LY	NCH	Contact Title	Contact Title			
Street Address 251 SMTTH STREET		City PROVIDENCE	State RI	Zip 02908		
8. The Resident Agent information currently of record with the Rt 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 fier in are true and correct.						
Name of Authorized Person JAMES T. LYNCH	1-11	- {/		Date 3/10/23		
Signature of Authorized Per	son	·				

MAIL TO:

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

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