RI SOS Filing Number: 202336753960 Date: 6/12/2023 4:00:00 PM



State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2023 **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.

| FILEDIP |
|---------------|
| JUN 1-2, 2023 |
| BY |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|---|---|-----------------------|------------|----------------------|--|
| 001743493 | ANTOJITOS EMANUEL \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 445110 | BAKERY | | | | |
| 5. State of Formation | | | | | |
| RHODE ISLAND | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 26 DEBORAH STREET | | PROVIDENCE | RI | 02909 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name EMANUEL MEJIA | | Contact Title MANAGER | | | |
| Street Address 26 DEBORAH STREET | | City PROVIDENCE | State RI | ^{Zip} 02909 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 9. 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 | | | Date | | |
| EMANUEL MEJIA | | | 06/01/2023 | | |
| Signature of Authorized Person CM Mula | | | | | |

MAIL TO:

Division of Business Services

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

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