

State of Rhode Island Department of State - Business Services Division

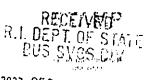
Annual Report for the year:
Limited Liability Company

2024

→ 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	2. Exact name of the Limited Liability Company				
001746965	Ethiopian Eats LLC				
3. NAICS Code 7 2 2 3 3 0 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island WC DIFEY Traditional Ethnopion meal at Farm Markets and online				
6. Principal Office Address		City	State	Zip	
691 MAIN STREET		WARREN	RI	02885	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Martha Tsegay8		DAC OWEREY			
Street Address 691 MAIN STREET		City WARREN	State RI	^{Zip} 02885	
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	Date	
Martha Tsequife			12/13/2023		
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

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

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