



State of Rhode Island
Department of State - Business Services Division

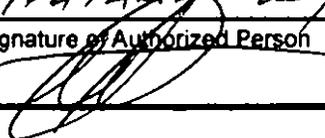
Annual Report for the year:
Limited Liability Company

2024

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R.I. DEPT. OF STATE
BUS SVCS DIV

2024 JAN 16 - A 10:41

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>001747717</u>		2. Exact name of the Limited Liability Company <u>CREATED MIX LLC</u>	
3. NAICS Code <u>722511</u>		4. Brief description of the character of business conducted in Rhode Island <u>FULL RESTAURANT</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>663 DEXTER ST.</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>
Zip <u>02863</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>NATALIA LO PERA</u>		Contact Title <u>GENERAL MANAGER</u>	
Street Address <u>848 DEXTER ST.</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>
Zip <u>02863</u>			
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 <u>NATALIA LO PERA</u>		Date <u>1/16/2024</u>	
Signature of Authorized Person 			

FILED 6041

JAN 16 2024
BY gokcn
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MAIL TO:
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