



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2024

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

FILED 6041

JAN 16 2024
BY goken
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MAIL TO:
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