RI SOS Filing Number: 202446842390 Date: 2/20/2024 9:33:00 AM



## State of Rhode Island

## **Department of State - Business Services Division**

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.

REC'D RIDOS 8SD '24 FEB 20 4M9:30:4	:	
<b>~</b>		

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company					
1697614	Grafelinda Restaurant RI (CC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
1/22511	4. Brief description of the character of business conducted in Rhode Island  Latin American pustaviant in painty putantic  Som American Cuisin						
5. State of Formation	Contract						
RI	Som american	Widm					
6. Principal Office Address		City	State	Zip			
553 Hartfara	) Aue	Providero	VCI	02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Mina Diaz		aures					
Street Address		City	State	Zip			
75 Independence	, way 30-312	Cronston	Y C	0296			
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> </u>		Date /	1 .			
Mine Dia-		06/2	0/24				
Signature of Authorized Person							
CHILLA							
	(						

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MAIL TO:

**Division of Business Services** 

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

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