

## 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.

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REC'D RIDOS 85D 124 FEB 20 4M9:30:4			
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1. Entity ID Number	2. Exact name of the Limited Liability Company						
1697614	Grafelinda Restaurant RI (LC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
122511	4. Brief description of the character of business conducted in Rhode Island  Latin Amrilan purtawant in parmy purentil						
5. State of Formation	Sown american Cuisine						
YLI	Som american	Win					
6. Principal Office Address		City	State	Zip			
553 Hartford	) Ave.	Providero	VCI	02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Mina Dia	a. <del>}</del>	aures					
Street Address		City	State	Zip			
75 Independence	uay 30-312	Cronston	Y L	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			Date				
Ming Diaz 50/2/				0/24			
Signature of Authorized-Person							
CUHLARIA							

FILED 9:33

FEB 2 0 2024

MAIL TO:

**Division of Business Services** 

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