RI SOS Filing Number: 202446842660 Date: 2/20/2024 9:31:00 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
1697614	Grafelinda Restaurant RI (10					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1/2511	4. Brief description of the character of business conducted in Rhode Island  Later American purposers for party purposets  Later American purposers for party purposers  Later American purposers for party purposers  Later American purposers for party purposers for party purposers  Later American purposers for party purposers fo					
5. State of Formation	Call					
RI	Sorn american Cuisine					
6. Principal Office Address	<u></u>	City	State	Zip		
553 Hrx+for	1 Aug	Project	VCI	02909		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Title					
Mana Dia	ina Diaz Ou		urek			
Street Address		City	State	Zip		
75? robberdarce way 30-312		(ronston)	8	02961		
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			
Micro Diaz			102/20/24			
Signature of Authorized-Person						
CHILADA						

FILED Q.31
FEB 2 0 2024

MAIL TO:

**Division of Business Services** 

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

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