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State of Rhode Island Department of State - Business Services Division

REC'D RIDOS 65

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.

1. Entity ID Number	2. Exact name of the Limited L	iability Company /	<u></u>	
1706454	BBB, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
122511	Bas und lestaurant			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
1533 Chaulkstone Au		Providence	RI	02509
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Keith Allcock		<u> </u>		
Street Address D1		Providence	State 127	Zip 0 2509
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 Keith L. Allcock			Date / / 2 4	
Signature of Authorized Person				

FILED 1.58

MAR 0 4 2024 BY 9d KJY

MAIL TO:

Division of Business Services

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

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