RI SOS Filing Number: 202447848760 Date: 3/4/2024 1:56:00 PM



State of Rhode Island **Department of State - Business Services Division**

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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 Lia	bility Company	_	
1706454	1	_\ RR(3, LLC	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
722511	Bas und lest	aurant		
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
1533 Chaulkst	one As	Providence	RI	02509
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Keith Allcock		·		
Street Address		City - A	State	Zip
3 Pinecrist D1		PODO, denca	27	02909
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 , j,	
Keith R. Allock			3/4/24	
Signature of Authorized Person				

FILED 1.50 MAR 0.4 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