

State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: 2024
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 Liability Company			
001728659	ALL ST	AR65 LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
722513				
5. State of Formation	1	1 0.11.	1	
RI	Fast-food, Restand			
6. Principal Office Address	<u> </u>	City	State	Zip
2 Laurette Lane		Lincoln	RI	02865
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		
Contact Name Sam Brown		Contact Title Partner		
Sam (Srown	Partner		
Out of Address		•	State	Zip O
		•	State P.]	^{zip} 02865
Street Address 2 Lauretta	Lare	•		
Street Address 2 Laure + La 8. The Resident Agent information 9. Under penalty of perjury, I described to the street of the s	on currently of record with the RID	City Colo	hanges require fil	ling Form 642.
Street Address 2 Laure + La 8. The Resident Agent information 9. Under penalty of perjury, I described to the street of the s	on currently of record with the RID	City Colo	hanges require fil y accompanying Date	ing Form 642. g schedules and
Street Address 2 Lauretta 8. The Resident Agent information 9. Under penalty of perjury, I destatements, and that all statements	on currently of record with the RID	City Colo	hanges require fil y accompanying	ing Form 642. g schedules and
Street Address 2 Laure + a 8. The Resident Agent information 9. Under penalty of perjury, I distatements, and that all statem Name of Authorized Person	on currently of record with the RI Dieclare and affirm that I have examents contained herein are true	City Colo	hanges require fil y accompanying Date	ing Form 642. g schedules and

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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