



State of Rhode Island  
Department of State - Business Services Division

RECD RIDGS BSD  
MAR 15 PM 2:28:03

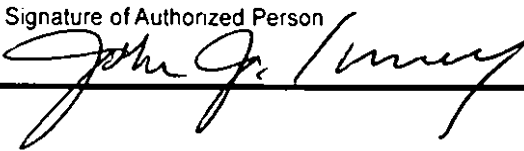
Annual Report for the year: 2024

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<br><b>001698379</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>The Pines Events &amp; Promotions, LLC</b> |                    |
| 3. NAICS Code<br><b>722511</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Resturant</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                 |                    |
| 6. Principal Office Address<br><b>44 Adams Street, Unit 5</b>                                                                                                                                                  |  | City<br><b>Braintree</b>                                                                        | State<br><b>MA</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02148</b>                                                                             |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                 |                    |
| Contact Name<br><b>YAN (Rosa) Zhang</b>                                                                                                                                                                        |  | Contact Title<br><b>Manager</b>                                                                 |                    |
| Street Address<br><b>44 Adams Street</b>                                                                                                                                                                       |  | City<br><b>Braintree</b>                                                                        | State<br><b>MA</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02184</b>                                                                             |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                             |  |                                                                                                 |                    |
| 9. <i>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.</i> |  |                                                                                                 |                    |
| Name of Authorized Person<br><b>John J. Garrahy</b>                                                                                                                                                            |  | Date<br><b>3/15/2024</b>                                                                        |                    |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                 |                    |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

2:30

MAR 15 2024

BY ML PE2FE