State of Rhode Isla Department of S	nd tate - Business Service	s Division		
Annual Report for the year: Limited Liability Company → Filing period: February 1 → Filing Fee: \$50.00	·			REC'D RIDOS
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				55 BSF 1:05:30
Entity ID Number	2 Exact name of the Limited Liability Company			<u> </u>
001762484	Zeevas Diner LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
722511	Diner.			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
52 Teakwood Drive W		Coventry	RI	02816
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	•	
Contact Name Christos Spyridis		Contact Title Sole Member		
Street Address 52 Teakwood Drive W		City Coventry	State RI	^{Zip} 02816
8. The Resident Agent information	on currently of record with the RI C	Department of State is accu	rate. Changes require	filing Form 642.
	eclare and affirm that I have ex- nents contained herein are true		ding any accompany	ing schedules and
Name of Authorized Person Date				2/1/
Christos Spyridis, Sole Member			J 12	4124
Signature of Authorized Person	Ast		· · · · · ·	

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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