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State of Rhode Island Department of State - Bu	siness Services Division	-	
Annual Report for the year:	24		
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form 	is not filed by May 31.		JS BSD 20 F#2:36:
1. Entity ID Number 2. Exact n	ame of the Limited Liability Company		<u> </u>
	esett Sun Service	uc	Ū,
	scription of the character of business condi-		
531110 5. State of Formation	ental Meal Es	state H	econa
6. Principal Office Address	City	State	Zip
128 Cowesset A	ve West War	wick R	C P360 1
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
Michael Bayloun	4 Membe	r	
Street Address	City	State	Zip
	ve West-WA	1 11	02893
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 Michael Bayloun		Date	3.(3.202)
Signature of Authorized Person			

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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