



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

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.

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|---|--|--|------------------------|
| 1. Entity ID Number<br><b>134941</b>  |  | 2. Exact name of the Limited Liability Company<br><b>Sterling Catering, LLC</b>  |                        |
| 3. NAICS Code<br><b>722320</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Provide food and beverage services to the general public</b> |                        |
| 5. State of Formation<br><b>Rhode Island</b>  |  |  |                        |
| 6. Principal Office Address<br><b>272 West Exchange Street, Suite 001</b>   |  | City<br><b>Providence</b>  | State<br><b>RI</b>     |
| Zip<br><b>02903</b>   |  |  |                        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                        |
| Contact Name<br><b>Ellen Cesario</b>  |  | Contact Title<br><b>Sole Member</b>  |                        |
| Street Address<br><b>272 West Exchange Street, Suite 001</b>  |  | City<br><b>Providence</b>  | State<br><b>RI</b>     |
| Zip<br><b>02903</b>   |  |  |                        |
| 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<br><b>Ellen Cesario</b>   |  |  | Date<br><b>4/26/24</b> |
| Signature of Authorized Person<br><i>Ellen Cesario m</i>  |  |  |                        |

**MAIL TO:**

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