

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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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REC'D RIDGS 65th	STAMP
<u> </u>	•

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001759069	Last Ivon Vorks, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
122320	laking and cooking services.				
5. State of Formation	7	•	_		
Hoof Island					
6. Principal Office Address		City	State	Zip	
470 destautant calley 1Km dat 76		(vguston	NE	OLALO	
7. Mailing Address of Limited Lie		r Title of Contact Person			
Contect Name		Contact Title			
Tran Generaler					
Street Address		CITY	State	Ζp	
470 Weslantintusles 1 Kw. 1476		(vauston	KI	०८१२०	
8. The Resident Agent informati					
9. Under penalty of perjury, I desired the statements, and that all states	leclare and affirm that I have ments contained herein are	re examined this report, incl true and correct.	uding any accompan	ying schedules and	
Name of Authorized Person			Date		
Tran Ferrenda			May 7, 2024		
Signature of Authorized Person			T		

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MAIL TO:

Division of Business Services

14B W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 07 2024 BY JGWWS

FORM 632 - Revised: 12/2023