

Annual Report for the year: 2024 **Limited Liability Company**

MY 9 6 2524

STAMP

→ 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	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
001729691	CAFE DAY RES	CAFE DAY RESTAURANT & BAR, LLC			
3. NAICS Code 722513	· · · · · · · · · · · · · · · · · · ·	Brief description of the character of business conducted in Rhode Island RESTAURANT & BAR			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 1645 PONTIAC AVENUE		City CRANSTON	State RI	Zip 02920	
7. Mailing Address of Limi	ted Liability Company and Name	or Title of Contact Person			
Contact Name CARLOS SANTOS		Contact Title MEMBER			
Street Address 1645 PONTIAC AVENUE		City CRANSTON	State RI	^{Zip} 02920	
8. The Resident Agent info	ormation currently of record with t	the RI Department of State is accura	te. Changes requir	e filing Form 642.	
	, I declare and affirm that I hav statements contained herein a	e examined this report, including re true and correct.	any accompanyin	g schedules and	
Name of Authorized Person			Date		
CARLOS SANTOS			01/01/2024		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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