



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2024 JUN -3 PM 2: 14

FILED
 JUN 03 2024
 BY [Signature]

1. Entity ID Number 0976191		2. Exact name of the Limited Liability Company AMBIS 829, LLC	
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island SMOKING ENTERTAINMENT LOUNGE	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 727 CRANSTON STREET		City PROVIDENCE	State RI
		Zip 02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name YOHANNA SANCHEZ		Contact Title MANAGER	
Street Address 81 SACKETT STREET		City PROVIDENCE	State RI
		Zip 02905	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person YOHANNA SANCHEZ		Date 01/01/2024	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov