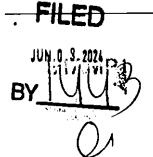
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State of Rhode Island

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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.

1. Entity ID Number 0976191	2. Exact name of the Limited Liability Company AMBIS 829, LLC			
3. NAICS Code 812990	Brief description of the character of business conducted in Rhode Island SMOKING ENTERTEINMENT 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	d 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 inform	nation currently of record with the	RI Department of State is accurate	. Changes requir	e filing Form 642.
	declare and affirm that I have e atements contained herein are t	xamined this report, including a rue and correct.	ny accompanyin	g schedules and
Name of Authorized Person YOHANNA SANCHEZ			Date 01/01/2024	
Signature of Authorized Pers	Though Do	>		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov