



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2024 Amended

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SECRETARY OF STATE
CORPORATIONS DIVISION

2024 JUN -7 PM 1:37

→ Filing period: February 1 - May 1

→ ~~Filing Fee: \$60.00~~

→ ~~Penalty: Additional \$25.00 Fee if form is not filed by May 31~~

1. Entity ID Number 000137063		2. Exact name of the Limited Liability Company ELITE PIZZA RESTAURANT II, LLC	
3. NAICS Code 72511		4. Brief description of the character of business conducted in Rhode Island RESTAURANT	
5. State of Formation RI			
6. Principal Office Address 1452 BRONOC'S HIGHWAY		City HARRISVILLE	State RI Zip 02830
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ABRAHAM SAVVIDIS		Contact Title MEMBER	
Street Address 24 FAIRWAY DRIVE		City BROOKLYN	State CT Zip 06234
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 ABRAHAM SAVVIDIS		Date 6/4/2024	
Signature of Authorized Person 			

FILED

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MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 07, 2024 01:37 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore
Secretary of State

