

## **Department of State - Business Services Division**

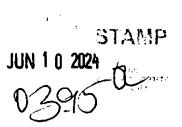
Annual Report for the year: Limited Liability Company

2024

→ 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 Limited Liability Company			
001658092	PRINCESS INVE	SIMENISTLC		
3. NAICS Code 722511	4. Brief tescription of the character of business conducted in Rhode Island RESTAUTAINT WITH FULL BAR			
5. State of Formation				
RHODE ISLAND				
6. Principal Office Address		City	State	Zip .
15 EXCHANGE ST		PAWTUCKET	RI	02860
7. Mailing Address of Limited Lia	ability Company and Name or	Title of Contact Person		
Contact Name ALEX QUIROZ		Contact Title MEMBER		
Street Address 126 EDGEWORTH AVENUE		City PROVIDENCE	State RI	<sup>Zip</sup> 02904
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			Date	
ALEX QUIROZ			06/06/2024	
Signature of Authorized Person	X.			

Division of Business Services

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

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