



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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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<br>001756313                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Adonai Restaurant                       |             |
| 3. NAICS Code<br>722511                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Restaurant |             |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                           |             |
| 6. Principal Office Address<br>528 Lenoxdale Ave                                                                                                                                                        |  | City<br>Pawtucket                                                                         | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02860                                                                              |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                           |             |
| Contact Name<br>Maritza Berroa                                                                                                                                                                          |  | Contact Title<br>Owner                                                                    |             |
| Street Address<br>138 Woodbine St                                                                                                                                                                       |  | City<br>Pawtucket                                                                         | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02860                                                                              |             |
| 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<br>Maritza Berroa                                                                                                                                                             |  | Date<br>6/27/24                                                                           |             |
| Signature of Authorized Person<br>Maritza Berroa                                                                                                                                                        |  |                                                                                           |             |

FILED

JUN 27 2024  
BY 5d3NE  
RJ

MAIL TO:

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