State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. ID No. 001762434

2. Exact Name of the Limited Liability Company AZULPAW LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

722511

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FULL SERVICE BAR AND RESTAURANT

5. Principal Office Address

No. and Street: 2 GEORGE ST
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ROMINA HYDE Contact Title: MANAGER
No. and Street: 48 WHITEHALL WAY
APT 206
City or Town: BELLINGHAM State: MA Zip: 02019 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BRETT MALENFANT 2 GEORGE ST PAWTUCKET , RI 02860

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of July, 2024 at 2:03:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BRETT MALENFANT
Signature of Authorized Person

Form No. 632
Revised 09/07

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