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State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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.

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1. Entity ID Number 001686273	2. Exact name of the Limited Liability Company					
3. NAICS Code 722511 5. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island INDIAN FOOD AND BEVERAGE (FULL-SERVICE RESTAURANT)					
6. Principal Office Address	^	City	State	Zip		
60 OLD TOWER HILL R	OAD	SOUTH KINGSTOWN	RI	02879		
7. Mailing Address of Limited Lia	bility Company and Name or Ti	tle of Contact Person	<u>.</u>	<u> </u>		
Contact Name MUTHAIAH SUBBAIAH		Contact Title MANAGER				
Street Address 440 RIDGE ROAD, 2R		City LYNDHURST	State NJ	^{Zip} 07071		
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 d statements, and that all staten		examined this report, including an	ıy accompanylı	ng schedules and		
Name of Authorized Person			Date			
MUTHAIAH SUBBAIAH			02/12/2024			
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 BY TAYAV