RI SOS Filing Number: 202457866860 Date: 7/11/2024 1:30:00 PM



State of Rhode Island

Department of State - Business Services Division

2024 JUL 11 PH 1: 29

Annual Report for the year: 2023 **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.

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|----------------------------------|---|---|-----------------|----------------------|--|
| 001726353 | CHICNIC, 110 | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 711300 | EVENTS INCLUDING SPECIAL OCCASION PICNICS, ETC. | | | | |
| 5. State of Formation | | | | | |
| <u>R</u> I | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 1374 SMITH STREET | | NORTH PROVIDENCE | RI | 02911 | |
| 7. Mailing Address of Limite | d Liability Company and Name o | r Title of Contact Person | | <u> </u> | |
| Contact Name JENA LEE SEIBER | | Contact Title MANAGER | | | |
| Street Address 1374 SMITH STREET | | City NORTH PROVIDENCE | State RI | Z ip 02911 | |
| 8. The Resident Agent infor | mation currently of record with the | e RI Department of State is accurate | e. Changes requ | ire filing Form 642. | |
| | declare and affirm that I have atements contained herein are | examined this report, including a true and correct. | ny accompanyi | ing schedules and | |
| Name of Authorized Person | , | | Date | | |
| JENA JEE SEIBER | | | 03/29/2 | u (cs) | |
| Signature of Authorized Per | son () | | 7/4/ | 1 65 | |
| (hu | i Xilli | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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