

Miscellaneous Filing

LLC: Mona Lisa Restaurant & Amnesia Lounge LLC,

ID #: 001712503

REC'D RIDOS BSD  
24 JUL 25 PM 1:20:16

REC'D RIDOS BSD  
24 JUL 17 PM 12:40:49

The purpose of this filing is to state as follow:

1. The filing made by Robert Cappuccilli on June 05, 2024, filing # 202455338170, is a false statement, was filed without any authorization, and was filed without the knowledge of the actual members. **It should not be relied upon for any purpose whatsoever.** It does not list the correct members as of June 05, 2024, as of that date and as of all dates prior, there have been three members of this LLC.
2. There are currently three members of the above-referenced LLC as listed below.
3. Any change of the membership shall require the signature of at least two of the members.
4. Any filing purporting to list the members requires the signature of at least two of the members.
5. Below are listed the names and addresses of the three members.

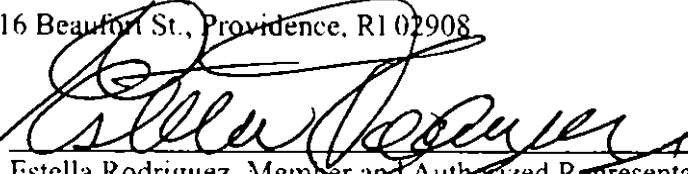
Estella Rodriguez, 55 Rounds Ave., Providence RI 02907

Robinson Reyes, 41 Whitmarsh St., Providence, RI 02907

Robert Cappuccilli, 116 Beaufort St., Providence, RI 02908

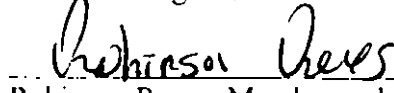
Date:

7-15-24

  
Estella Rodriguez, Member and Authorized Representative

Date:

07-15-24

  
Robinson Reyes, Member and Authorized Representative

FILED

JUL 25 2024  
BY AA 11:20AM



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
24 JUL 25 AM 11:20:22

## Affidavit of Unauthorized Reporting

→ No Filing Fee

This affidavit is to be used to report the unauthorized filing of an annual report or other filing that intentionally misrepresented the entity's officers, directors, partners, or managers of record.

| I. COMPLAINANT'S INFORMATION                                                                                                                                                                                   |                         |                                                                      |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------|-------------------|
| 1. Entity ID Number:<br>001712503                                                                                                                                                                              |                         | The name of the entity:<br>Mona Lisa Restaurant & Amnesia Lounge LLC |                   |
| 2. Name - First/Last<br>Estela Rodriguez                                                                                                                                                                       |                         | Title<br>Partial Owner/Member                                        |                   |
| 3. Address<br>55 Rounds Ave                                                                                                                                                                                    | City/Town<br>Providence | State<br>RI                                                          | Zip Code<br>02907 |
| II. STATEMENT                                                                                                                                                                                                  |                         |                                                                      |                   |
| 4. The entity listed above did not submit or give its consent to file the following document:                                                                                                                  |                         |                                                                      |                   |
| <input type="checkbox"/> The _____ (year of report) annual report filed on _____ (month/day/year).                                                                                                             |                         |                                                                      |                   |
| <input checked="" type="checkbox"/> Miscellaneous Filing Statement recorded on <u>06/05/2024</u> (month/day/year).                                                                                             |                         |                                                                      |                   |
| <input type="checkbox"/> Articles of Amendment recorded on _____ (month/day/year).                                                                                                                             |                         |                                                                      |                   |
| 5. The entity has taken the following steps to report this unauthorized activity:                                                                                                                              |                         |                                                                      |                   |
| <input type="checkbox"/> I have reported the unauthorized activity to the US Federal Trade Commission.                                                                                                         |                         |                                                                      |                   |
| <input type="checkbox"/> I have filed a police report with the _____ police department. The police report number is _____                                                                                      |                         |                                                                      |                   |
| <input checked="" type="checkbox"/> Other:<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;">We have hired Sullivan Law Offices, PC to pursue other owner/members' legal interest.</div> |                         |                                                                      |                   |
| 6. The undersigned affirms the entity's correct business information is:                                                                                                                                       |                         |                                                                      |                   |
| Office Address<br>55 Rounds Ave                                                                                                                                                                                | City<br>Providence      | State<br>RI                                                          | Zip<br>02907      |

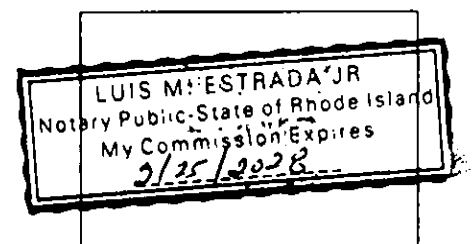
### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)



State of Rhode Island  
Department of State - Business Services Division

|                                                                                                                                                                                                                                                                   |                              |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------|
| 7. The entity's officers/directors, partners, or managers of record are:                                                                                                                                                                                          |                              |                                                                  |
| Title                                                                                                                                                                                                                                                             | Name                         | Address                                                          |
| Owner/Member                                                                                                                                                                                                                                                      | Estela Rodriguez             | 55 Rhodes St., Providence, RI                                    |
| Owner/Member                                                                                                                                                                                                                                                      | Robinson Reyes               | 41 Whitmarsh St., Providence                                     |
| Owner/Member                                                                                                                                                                                                                                                      | Robert Cappuccilli           | 116 Beaufort St., Providence RI                                  |
|                                                                                                                                                                                                                                                                   |                              | <input type="checkbox"/> Check the box to indicate an attachment |
| <b>III. CERTIFICATION</b>                                                                                                                                                                                                                                         |                              |                                                                  |
| I, <u>Estela Rodriguez</u> , (complainant's name) declare and affirm that I have examined this Affidavit of Unauthorized Reporting and all statements contained herein are true and correct.                                                                      |                              |                                                                  |
| Type or Print Name of Complainant                                                                                                                                                                                                                                 | <u>Estela Rodriguez</u>      | Date <u>07/24/2024</u>                                           |
| Signature of Complainant <u>Estela Rodriguez</u><br>SIGN DOCUMENT HERE                                                                                                                                                                                            |                              |                                                                  |
| Notary                                                                                                                                                                                                                                                            |                              |                                                                  |
| State: <u>Rhode Island</u>                                                                                                                                                                                                                                        | County: <u>Providence</u>    |                                                                  |
| Subscribed and sworn to (or affirmed) before me on this <u>24</u> day of <u>July</u> , 20 <u>24</u> , by <u>Estela Rodriguez</u> (name of complainant), who proved to me through satisfactory evidence of identification to be the person who appeared before me. |                              |                                                                  |
| Type or Print Name of Notary Public <u>Luis M. Estrada, Jr.</u>                                                                                                                                                                                                   | Commission ID # <u>61779</u> | Commission Expiration <u>02/25/2028</u>                          |
| Signature of Notary Public <u>Luis M. Estrada, Jr.</u><br>SIGN DOCUMENT HERE                                                                                                                                                                                      |                              |                                                                  |



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [notaries@sos.ri.gov](mailto:notaries@sos.ri.gov).