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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2025 **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.

FOR SECHETARY OF STATE USE CM Y

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1 Entity ID Number	2 Exact name of the Limited Liability Company			
000 116000	DIVISION Street House of PIZZALLIC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
722 51/ 5. State of Formation	Pizza fectount			
R. I.				
6. Principal Office Address	•	City	State	Zip
206 Division S+		PAWAUCKET	R.I	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Lo. ANNIS STRATIS		Contact Title		
Street Address 206 DIVISION ST		City PAWfuc Keet	State R. I	Zip 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	Toonnis Sta	-all	Date ,	
Signature of Authorized Person				

FILED

MAIL TO:

Division of Business Services

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

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