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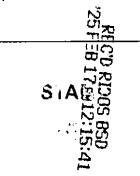
State of Rhode Island **Department of State - Business Services Division**

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.



| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|---|---|--|------------------|----------------------|
| 001692376 | Baked Providence RI Operators II LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 311811 | | | | |
| 5. State of Formation | Late night retail bakery | | | |
| Rhode Island | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 1 South Broad Street, Suite 120 | | Philadelphia | PA | 19107 |
| 7. Mailing Address of Limited Lia | ability Company and Name or I | Title of Contact Person | | |
| Contact Name Louis Smookler | | Contact Title Secretary | | |
| Street Address 1 South Broad Street, Suite 120 | | City Philadelphia | State PA | ^{Zip} 19107 |
| 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 o statements, and that all states | | examined this report, includir rue and correct. | ng any accompany | ing schedules and |
| Name of Authorized Person | | | Date | |
| Louis Smookler | | | 2/7/2025 | |
| Signature of Authorized Person | Louis Smookler | | • | |
| L | 19/118/1.6/2/ 11/1988 | | | |

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FEB 17 2025

MAIL TO:

Division of Business Services

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

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