

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

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.

25 <u>25 25</u>	
STUMP	
05 BS	
55.84 24	

1. Entity ID Number	2 Eyect name of the Limited Liability Company					
·	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	<u> </u>	City	State	Zip		
1 South Broad Street, Suite 120		Philadelphia	PA	19107		
7. Mailing Address of Limited Lia	bility Company and Name or	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 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			Date			
Louis Smookler			2/7/2025			
Signature of Authorized Person — Docustaned by:						
Louis Smookler						

FILED

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