

## 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.

25.75 25.75	
CO RIGOS 850 850 850 850 851 8519	

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	·	· · · · · · · · · · · · · · · · · · ·	
001685613		PAURANT BAKERY LI	L	14111111	
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rho	de Island	<del></del>	
311811					
5. State of Formation	Bakery				
RT				<del>_</del> <del>-</del>	
6. Principal Office Address	_	City	State	Zip	
968 Atwells	AUC.	PROVIDENCE	RI	02909.	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Title				
maritra P	a radu				
Street Address		City	State	Zip SO OC	
968 ATW e	:115 AUE	7200°	KE_	02909	
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	<i>(</i> )		Date /	1 -	
Marit	Za larad	α`	211	9/2025	
Signature of Authorized Person /					
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	/				

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** 

FEB 19 2025

