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State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001719636	I AT FRESH PREPILLO				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
\$22320	Patroina				
5. State of Formation	Catering				
RI	·			<u> </u>	
6. Principal Office Address		City	State	Zip	
134 Whithis	Ave _	Prov	RI	02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title	I		
ISTHER E	SOWAH				
Street Address	itier pue	City	State	zip 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		Date			
ESHERE SONAH			12-1	7-25	
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 0 2025 3:29

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