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State of Rhode Island Department of State - Business Services Division

2023

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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| CD RACS (55) | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|---------------|----------|--------------|--|--|
| 001719636 | I AT FRESH PREP, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| £22320 | 1 Ottoine | | | | | |
| 5. State of Formation | Catering | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | - | City | State | Zip | | |
| 134 Whith 28 | . Ave | Prov | RI | 02909 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | | Contact Title | | | | |
| FSTHER E | SOWAH | | | | | |
| Street Address | ittier pue | City Prov | State | 200 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 deciare 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 | <u> </u> | | | |
| ESHERE SONIAH | | 2-1 | 2-14-25 | | | |
| 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 FILED

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BY JHMBR