



### 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 <b>001737875</b>	2. Exact name of the Limited Liability Company Laila + Athena LLC  4. Brief description of the character of business conducted in Rhode Island operate a restaurant			
3. NAICS Code 722511				
5. State of Formation RI				
6. Principal Office Address  1482 Park Avenue		City Cranston	State RI	Zip <b>02920</b>
7. Mailing Address of Limite	ed Liability Company and Name or Tit	lle of Contact Person		
Contact Name Amjad Aboualchamlat		Contact Title Manager		
Street Address 1482 Park Avenue		City Cranston	State RI	Zip <b>02920</b>
8. The Resident Agent infor	rmation currently of record with the RI	Department of State is a	ccurate. Changes requ	ire filing Form 642.
	I declare and affirm that I have exa tatements contained herein are true		ding any accompanyi	ing schedules and
Name of Authorized Person  AMJAD ABOU Alchamlat			04/01/2025	
Signature of Authorized Per			1	

MAIL TO:

**Division of Business Services** 

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

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FORM 632 - Revised: 04/2023