



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 APR 30 PM 140:09

Annual Report for the year:  
Limited Liability Company

2025

- 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<br><u>001712628</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>-888 Restaurant LLC</u>                              |                    |
| 3. NAICS Code<br><u>722511</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Restaurant Business</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                           |                    |
| 6. Principal Office Address<br><u>3351 East Main Rd</u>                                                                                                                                                 |  | City<br><u>Portsmouth</u>                                                                                 | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02871</u>                                                                                       |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                           |                    |
| Contact Name<br><u>Yulin Zhang</u>                                                                                                                                                                      |  | Contact Title<br><u>owner</u>                                                                             |                    |
| Street Address<br><u>26 Oak St</u>                                                                                                                                                                      |  | City<br><u>Portsmouth</u>                                                                                 | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02871</u>                                                                                       |                    |
| 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<br><u>Yulin Zhang</u>                                                                                                                                                         |  | Date<br><u>4/30/2025</u>                                                                                  |                    |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                           |                    |

MAIL TO:

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FILED

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FORM 632 - Revised: 12/2023