

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:

2025

RECEIVED R.I. DEPT. OF STATE
BUS SYCS DIV

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.

202<u>5 HAY -5 P 2: 53</u>

4 Entity ID Number	2 Event name of the Limited Liebilib.	Componi			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001711199	Somo Food Group LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
722513	Service food and alcohol				
5. State of Formation					
RI					
6. Principal Office Address	City	1	State	Zip	
373 Richmond St		ovidence	RI	02903	
7. Mailing Address of Limited	Liability Company and Name or Title of C	ontact Person	. • • • • • • • • • • • • • • • • • • •	•	
Contact Name Ayman H E		Contact Title Member			
Street Address 108 Jacksonia Drive		North Providence	State RI	^{Zip} 02911	
8. The Resident Agent inform	ation currently of record with the RI Depar	tment of State is accurate.	Changes require	filing Form 642.	
	I declare and affirm that I have examin tements contained herein are true and		пу ассотрапуі	ng schedules and	
Name of Authorized Person			Date		
Ayman H Elgheryany			4-28-35		
Signature of Authorized Pers AMUN &	gher you		-		

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	MAY 0.5 2025
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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