RI SOS Filing Number: 202572847740 Date: 5/8/2025 4:00:00 PM



State of Rhode Island

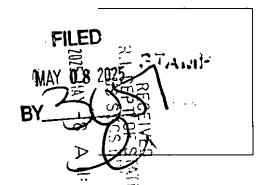
## **Department of State - Business Services Division**

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	2. Exact name of the Limited Liability Company		35	
001699935	BOZA, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
722513	PASTRY SHOP			
5. State of Formation				
K.1				
6. Principal Office Address		City	State	Zip
143 ENDICOTT AVENUE		WARWICK	RI	02886
7. Mailing Address of Limite	d Liability Company and Name or Title o	of Contact Person		
Contact Name BRAYN A. BOZA		Contact Title MEMBER		
Street Address 143 ENDICOTT AVENUE		City WARWTCK	State RI	<b>Zip</b> 02886
8. The Resident Agent infor	mation currently of record with the RI De	epartment of State is a	ccurate. Changes requi	ire filing Form 642.
	l declare and affirm that I have examii tatements contained herein are true a		ding any accompanyi	ng schedules and
Name of Authorized Person		•	Date	
BRAYN A. BOZA			02/20/25	
Signature of Authorized Per	son			

## MAIL TO:

**Division of Business Services**148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov