

## State of Rhode Island Department of State - Business Services Division

STAMP

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

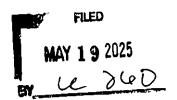
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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MAY 19 P 3: 53

	Calcot Constant	Liability Company		
Entity ID Number	2. Exact name of the Limited Liability Company			
001696671	MAMBO SUSHI RESTAURANT & LOUNGE, LLC			
3. NAICS Code 722511	Brief description of the character of business conducted in Rhode Island     RESTAURANT			
5. State of Formation RHODE ISLAND				
6. Principal Office Address	<u> </u>	City	State	Zip
·		PROVIDENCE	RI	02903
380 ATWELLS AVENUE				
7. Mailing Address of Limited Lia	ability Company and Name or T	itle of Contact Person		
Contact Name YOHANNA SANCHEZ		Contact Title MANAGER		
Street Address 81 SACKETT STREET		City PROVIDENCE	State RI	<sup>Zip</sup> 02907
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			Date	
YOHANNA SANCHEZ			02/04/2025	
Signature of Authorized Person  YONGMA School  Z				



MAIL TO:

**Division of Business Services** 

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