RI SOS Filing Number: 202574138260 Date: 5/30/2025 4:00:00 PM



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

Annual Report for the year: 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.

| REC'D RIDOS BSD<br>'25 MAY 30 PH2:39: |  |
|---------------------------------------|--|
| 3:15                                  |  |

| 3. NAICS Code 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation  Restaurant 6. Principal Office Address  City  State  Zip  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title  VANGELDS  APPROV  Street Address  City  APPROV  MANGEL Member  Street Address  City  City  State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi   | 1. Entity ID Number   | 2 Event  |              | <del></del> |       |  |  |
|--|---|--|--------------|-------------|-------|--|--|
| 4. Brief description of the character of business conducted in Rhode Island  Restaunt  6. Principal Office Address  City  State  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Name  Contact Title  MANAGER Member  Street Address  City  State  Zip  Contact Title  MANAGER Member  State  Zip  City  State  Zip  Manager  Street Address  Street Address  Street Address  Street Address  Street Address  On 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   | 1. Chary ID Number  | 2. Exact name of the Limited Liability Company                           |              |             |       |  |  |
| 4. Brief description of the character of business conducted in Rhode Island  Restaurat  6. Principal Office Address  City  State  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Name  Contact Title  MANAGER Member  Street Address  Street Address  City  MANAGER Member  State  Zip  Contact Title  Contact Title  EVANGELDS ham ROU  Street Address  City  State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi  | 000106956   | EAST (Redlidma Hosse OF PIZZA LLC)                                       |              |             |       |  |  |
| 5. State of Formation  Restart  6. Principal Office Address    State   Zip   |   | Brief description of the character of business conducted in Rhode Island |              |             |       |  |  |
| 6. Principal Office Address    State   Zip   | _72251]   | <b>j</b>   |              |             |       |  |  |
| 6. Principal Office Address    State   Zip   | 5. State of Formation   | 1 (Lestavant   |              |             |       |  |  |
| 187 WILLETT AVENUE  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title  EVANGELDS hambre  City  State  City  RT  State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi  | RI  |  |              |             |       |  |  |
| ST WILLETT AVENUE   Z. PROUDER RT 07915  | 6. Principal Office Address   |  | City         | State       | Zip   |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title  MANAGER Member  Street Address  City  State  Zip  Z-F  Z-F  Z-F  Z-F  Z-F  Z-F  Z-F  Z-   | 101 11.110 M  | 1 /  |              | 0.0.0       | ' /   |  |  |
| Contact Name  EVANCELDS hamked  Street Address  Street Address  Octive  City  E. Povidice  State  City  State  City  E. Povidice  City  State  City  State  City  E. Povidice  City  State  City  E. Povidice  City  State  City  State  City  E. Povidice  City  State  City  Contact Title  Mankloef  Memkloef  Name of Authorized Person  City  E. Povidice  City  City  City  City  City  City  Contact Title  Memkloef  Name Name of Authorized Person  City  City  City  City  City  Contact Title  Memkloef  City  City  City  Contact Title  Memkloef  City  City  City  City  Contact Title  Memkloef  City  City  City  City  City  City  City  City  City  Contact Title  Memkloef  City  C | 101 WILLELT H   | FUENUE   | 2. Providere | Rt          | 02915 |  |  |
| Contact Name  EVANCELDS hamked  Street Address  Street Address  Octive  City  E. Povidice  State  City  State  City  E. Povidice  City  State  City  State  City  E. Povidice  City  State  City  E. Povidice  City  State  City  State  City  E. Povidice  City  State  City  Contact Title  Mankloef  Memkloef  Name of Authorized Person  City  E. Povidice  City  City  City  City  City  City  Contact Title  Memkloef  Name Name of Authorized Person  City  City  City  City  City  Contact Title  Memkloef  City  City  City  Contact Title  Memkloef  City  City  City  City  Contact Title  Memkloef  City  City  City  City  City  City  City  City  City  Contact Title  Memkloef  City  C | 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |              |             |       |  |  |
| Street Address  18 1 WILLETT AULNUT:  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    | Contact Name Contact Title  |  |              |             |       |  |  |
| Street Address  18 1 WILLETT AULNUT:  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    | EVANGELOS L   |  |              |             |       |  |  |
| 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  | Street Address  |  | City         | State       | 7in / |  |  |
| 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   |   | <u> </u>   | 2. Poviduce  | 27          | 02915 |  |  |
| 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   | 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. |  |              |             |       |  |  |
| Name of Authorized Person Date   | 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying school of the        |  |              |             |       |  |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Name of Authorized Person   |  |              |             |       |  |  |
| WILLIAM J. Delaney 5/29/2025   |   |  |              |             |       |  |  |
| Signature of Authorized Person   |   |  |              |             |       |  |  |
| Willer Delon   |   |  |              |             |       |  |  |
|  |   | 7  |              |             |       |  |  |

MAY 3 0 2025 BY <u>KRMW3</u>

MAIL TO:

**Division of Business Services** 

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

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