RI SOS Filing Number: 202574319470 Date: 6/5/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

JUN 0 5 2025 0 745 7

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				
001695647	BITE BITE PASS LLO	BITE BITE PASS LLC			
3 NAICS Code	4. Brief description of the o	Brief description of the character of business conducted in Rhode Island			
722513	PIZZA RESTAURANT	PIZZA RESTAURANT			
5. State of Formation					
RI					
6 Principal Office Address		City	State	Zip	
207 MAIN STREET		EAST GREENWICE	נא	C2818	
7. Mailing Address of Limite	ed Liability Company and Name o	or Title of Contact Person			
Contact Name		Contact Title			
JASON KINDNESS		MANAGER			
Street Address		City	State	Zip	
207 MAIN STREET		EAST GREENWICE	R:	02818	
8. The Resident Agent infor	mation currently of record with th	e RI Department of State is accura	te. Changes requ	ire filing Form 642.	
	y, I declare and affirm that I ha tatements contained herein are	ve examined this report, including true and correct.	g any accompai	nying schedules and	
Name of Authorized Person			Date		
JASON KINDNESS			3/7/25		
Signature of Authorized Per	rson		•		
$\lambda \lambda \gamma + 1$					

MAIL TO:

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

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