

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

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

Annual Report for the year: 2025 **Limited Liability Company** 

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

paid a 28/25, #1877

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

2025 JUN -6 P"35055"

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000 555 729	Brothers	Restaurant,	4C		
3. NAICS Code	4. Brief description of the charact				
799213	Restaurant	eat in take	-out		
5. State of Formation		•			
RI					
6. Principal Office Address	5 6 61	City	State	Zip	
55 Beach Stre	et 131dg 5, CII	Westerly	RI	09841	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Bahaa Mahmoud		Contact Title Member			
Street Address Beach St	reet Bldg 5, CII	Westerly	State 1	2ip 12891	
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	. Avasista.	<u> </u>	Date 6-5	Date 6-5-05	
Signature of Authorized Person					

**FILED** 

JUN 06 2025

MAIL TO:

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

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