

State of Rhode Island Department of State - Business Services Division

R.I. DEPT. OF STSTAMP BUS SYCS DIV

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

→ Filing period: February 1 - May 1

paid a | 28 | 25, # 1877 → Filing Fee: \$50.00 —

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

2025 JUN -6 P"35"05"

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000 555 729	Brothers	Restaurant, L	<i>ــــــــــــــــــــــــــــــــــــ</i>	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
799213	Restaurant eat in take-out			
5. State of Formation	,	•		
RI				
6. Principal Office Address		City	State	Zip
55 Beach Street, Bldg 5, CII		WESTERY	RI	04841
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Bahaa Mahmoud		Contact Title Member		
Street Address Bluch Street Bldg 5, C11		Westerly	State I	2ip 02891
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 Ata L. Avasista			Date 6-5-95	
Signature of Authorized Person				

FILED

JUN 06 2025

MAIL TO:

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