



State of Rhode Island  
Department of State - Business Services Division

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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<br><b>001765220</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Peach Ave Porch LLC</b>                         |                          |
| 3. NAICS Code<br><b>72320</b>                                                                                                                                                                           |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Catering, Food</b> |                          |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                      |                          |
| 6. Principal Office Address<br><b>112 Jenkins Street</b>                                                                                                                                                |  | City<br><b>Providence</b>                                                                            | State<br><b>RI</b>       |
|                                                                                                                                                                                                         |  | Zip<br><b>02906</b>                                                                                  |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                      |                          |
| Contact Name<br><b>Cheryl Charlene Clements</b>                                                                                                                                                         |  | Contact Title<br><b>Busn. member</b>                                                                 |                          |
| Street Address<br><b>112 Jenkins St</b>                                                                                                                                                                 |  | City<br><b>Providence</b>                                                                            | State<br><b>RI</b>       |
|                                                                                                                                                                                                         |  | Zip<br><b>02906</b>                                                                                  |                          |
| 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<br><b>✓ Charlene Clements</b>                                                                                                                                                 |  |                                                                                                      | Date<br><b>✓ 6-24-25</b> |
| Signature of Authorized Person<br><i>Charlene Clements</i>                                                                                                                                              |  |                                                                                                      |                          |

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JUN 24 2025

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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