

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001764355	ZESTY BITES LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
722511						
5. State of Formation	1 7123A	PLACE				
RI						
6. Principal Office Address		City	State	Zip		
1005 SMITH ST		PROVIDENCE	R±	02908		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
INA ELMALAWANI OWNER						
Street Address		City	State	Zip		
101 CEDAR ST APT 610		PROV.	RI	02903		
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			
			6-25	-25		
Signature of Authorized Person						

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JUN 25 2025

MAIL TO:

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