RI SOS Filing Number: 202577466720 Date: 8/7/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| 25 F | |
|------|--|
| P | |

| | | | | · · · · · · · · · · · · · · · · · · · | | |
|---|---|--------------------|-------------|---------------------------------------|--|--|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
| 001772707 | CharCute LLC | | | | | |
| 3. NAICS Code 122310 | Brief description of the character of business conducted in Rhode Island Charcuterie boards | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 186 BLUFF AVE | | CRANSTON | RI | 02905 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Contact Title | | | | | | |
| AMEIANA SA | ntan a | Owner | | | | |
| AMIANA SA Street Address 186 Bluff AU | le nue | Owner City Granton | State RI | 02905 | | |
| 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 AWPIANA Q | ANTANA | | Date 8/7 | 2025 | | |
| Signature of Authorized Person | | | | | | |
| / | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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