

## 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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REC'D	-	
RIDGS BSD 17 PK1:12:2		

1. Entity ID Number	2. Exact name of the Limited Lia		1			
100 mayags	Partrona Re	estavant Bay	<u> ۴ لمع</u>	By LL		
3. NAICS Code	4. Brief description of the charac	cter of business conducted in Rho	ode Island	•		
72251	Colombian Cusine Restaurant - Bar					
5. State of Formation						
6. Principal Office Address		City	State	Zíp		
582 Smithfield	Avenue	Pawtocket	RI	02860		
7. Mailing Address of Limited Lie	ability Company and Name or Title	of Contact Person				
Contact Name		Contact Title				
Giovanna M	losania.	Owner				
Street Address 5 Peters Way		Attlessoro	State Ma	02703		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. Under penelty of perjury, I d	feciare and affirm that I have exa nents contained herein are true	amined this report, including a				
Name of Authorized Person			Date			
Giovanna Rosania.		9-17-25				
Signature of Authorized Perpon/	<u> </u>	•				

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SEP 17 2025

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MAIL TO:

