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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025

→ 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					
001685770	Amore	Tizza LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
722513	Pizza restaurant					
5. State of Formation	1122a re	slaurani				
Rhode Island						
6. Principal Office Address		City	State	Zip		
2792 Paustuck	et Avenue	East Providence	RI_	02914		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Haytham Chahed Contact Title Mem			nber			
Street Address 2792 Facotucket Avenue		East Providence	State RI	2414 02914		
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 effirm 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 Hay tham		·	Date 9 25	2025		
Signature of Authorized Person						

FILED

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MAIL TO:

Division of Business Services

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

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