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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 L					
1-1703446	Rayyon Foods LLC.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
424990						
5. State of Formation	Good Wholeselers					
RI						
6. Principal Office Address	<u> </u>	City	State	Zip		
184 Federal wo	' y	Johnston	代工	02919		
7. Mailing Address of Limited Lie	bility Company and Name or Tit	le of Contact Person				
Contact Name	Contact Title	eact Title				
ALMothana A	bulawas	OVNER				
Street Address		City	State	02919		
184 Federal vay		Johnston	KT			
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			
ALMorhana Abn Nawas		(0.3.25				
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