

## 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 Limite	ed Liability Company				
1703446	Rayyon Foo	ds LLC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
424990		1 1				
5. State of Formation	- Good Wh	oleseler,	•			
RI	1					
6. Principal Office Address		City	State	Zip		
184 Federal -	1 ory	Johnston	(代I	02919		
7. Mailing Address of Limited	Liability Company and Name o	r Title of Contact Person				
Contact Name		Contact Title	Contact Title			
ALMothana	Abudawas	ovner				
Street Address		City	State T	02919		
184 Federal	JOY	Johnston				
8. The Resident Agent inform	ation currently of record with the	RI Department of State is accure	ite. Changes require	ing point out.		
9. Under penalty of perjury,	I declare and affirm that I hav tements contained herein are	e examined this report, including true and correct.	ng any accompany	my scheooles the		
Name of Authorized Person		Date	* · ·			
ALMothana Abn Nawas		(0.3.25				
Signature of Authorized Pers		211				
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MAIL TO:

Division of Business Services

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