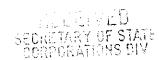


Star, in the conditions Providence Plantations

Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



2016 JUN 27 PM 3: 45

Limited Liability Company Annual Report for the year: 2016

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

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· · · · · · · · · · · · · · · · · · ·	Me	Pizzo, LL	C			
3, State of Formation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		aracter of business conducted in Rh	ode Island		
RI	Food	-Pi229				
5. Principal Office Address			City	State	Zip	
1526 SMITH ST			North Providence	RI	02911	
5. Mailing Address of Limited Li	ability Compan	y and Name or	Title of Contact Person			
Contact Name MELIH BEKTAS			Contact Title Owner	Contact Title Owner		
Street Address 1526 SM	11TH ST		City North Pro J	State RI	Zip 02911	
⁷ . List ALL managers (names a	nd addresses)	of the Limited L	ability Company, IF APPLICABLE -	DO NOT LIST N	/ MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Check the	I e box to indicate	an attachment	
. Resident Agent in Rhode Isla	nd This informati	on is currently of r	ecord in the Department of State. Chang	ges require filing Fi	orm 642	
Inder penalty of perjury, I dec tatements, and that all staten	lare and affin nents contain	n that I have ex ed herein are tr	amined this report, including any ue and correct.	accompanying	schedules and	
Name of Authorized Person MELIH BEKTAS			5	Date 6/15/16		
ignature of Authorized Person	.1	Relate	LIMENT HERE		<u> </u>	

FILED <

JUN 2 7 2016

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Form No. 632 Revised: 2016