RI SOS Filing Number: 202105214940 Date: 11/19/2021 10:33:00 AM



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

· 2021 NOV 19 A ID: 32

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company					
797970	Emmilys LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
122511	Restaurant					
5. State of Formation	ite of Formation					
Rhode Island						
6: Principal Office Address			City	State	Zip	
103 Putnam	Putnam Rice Jonhston			RI	0299	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Parico Naciega			Contact Title Membs			
Street Address Manday DR (city Cranston	State 1	^{zip} 2921	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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						
Patricia Noriega · 1/19/21						
Signature of Authorized Person						
Deformed						
)					

MAIL TO:

Division of Business Services

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

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

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