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Department of State - Business Services Division

Annual Report for the year: 2023 **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 000150446	2. Exact name of the Limi	ited Liability Company			
3. NAICS Code 722511	Brief description of the Restaurant	Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Formation RI					
6. Principal Office Address 1150 Elmwood Ave		City Providence	State RI	Zip 02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title	Contact Title		
Street Address 1150 Elmwood Ave		City Providence	State RI	^{Zip} 02907	
8. 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 CARLOS M. JAVIER		Date //25	Date 1/25/2023		
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