RI SOS Filing Number: 202331181470 Date: 3/16/2023 4:00:00 PM

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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:  $\frac{2023}{}$ 

**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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| 286787       | 26/51 |

| 1. Entity ID Number               | 2. Exact name of the Limited Liability Company                              |   |                       |                      |  |
|-----------------------------------|---|---|-----------------------|----------------------|--|
| 001733658                         | Dee's Catering Truck, LLC   |   |                       |                      |  |
| 3. NAICS Code                     | 4. Brief description of the character of business conducted in Rhode Island |   |                       |                      |  |
| 722320                            | Catering  |   |                       |                      |  |
| 5. State of Formation             | 7   |   |                       |                      |  |
| Ŕĺ                                |   |   |                       |                      |  |
| 6. Principal Office Address       | •   | City  | State                 | Zip                  |  |
| 31 Burlingame Lane                |   | Chepachet   | RI                    | 02814                |  |
| 7. Mailing Address of Limited     | Liability Company and Name or   |   |                       |                      |  |
| Contact Name Casey Dee Marcotte   |   | Contact Title Manager                             | Contact Title Manager |                      |  |
| Street Address 31 Burlingame Lane |   | City Chepachet                                    | State RI              | <sup>Zip</sup> 02814 |  |
| 8. The Resident Agent informa     | ation currently of record with the  | RI Department of State is accur-                  | ate. Changes require  | e filing Form 642.   |  |
|                                   | leclare and affirm that I have e<br>ements contained herein are             | examined this report, including true and correct. | any accompanyin       | g schedules and      |  |
| Name of Authorized Person         |   | Date  | Date                  |                      |  |
| Casey Dee Marcotte                |   | 3-10-23   |                       |                      |  |
| Signature of Authorized Person    | auth  |   |                       |                      |  |
|                                   |   |   |                       |                      |  |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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