RI SOS Filing Number: 201749489150 Date: 9/11/2017 4:00:00 PM

State of Rhode Island	and Providence	Plantations				/
Department of State - Business Services Division						
Annual Report for the year: Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty. Additional \$25.00 fee if form is not filed by December 1.					BUS SVC\$ D	R.I. DEPT. OF SI
1. Entity ID Number	2. Exact name of the Limited Liability Company					7. T
001657852	CPK		mises		05	
3. NAICS Code 5.6 1720		iption of the chara	acter of busines	s conducted in Rho		eauve
5. State of Formation						Y
6. Principal Office Address 120 Columbia	Ave		City Pau	Huckes	State RT	Z1p 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Kennedy Mudara Contact Title President						
Street Address 120 Co	City Pawtucket State RI Zip 02860					
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Kenned	Manager Name Carry Oakero					
Street Address 20	Street Address 120 Columbia Ave					
city Parsotrucket	State RT	Zip 0286e	City Pare	tucket	State 21	Zip 02860
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zıp
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 Kennedy Madara					Date 9 11	17
Signature of Authorized Person Human						

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

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