



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 163095		2. Exact name of the limited liability company TANGO Y MAS, LLC. DOMESTIC LIMITED LIABILITY COMPANY	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island DOMESTIC LIMITED LIABILITY COMPANY	
5. Principal office address 918 CHALKSTONE AVE. APT 3L		City PROVIDENCE	State R.I.
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name TERESA GARCIA		Contact Title RESIDENT AGENT	Zip 02908
Street Address 918 CHALKSTONE AVE. APT 3L		City PROVIDENCE	State R.I.
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐		Zip 02908	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name TERESA GARCIA		Address 918 CHALKSTONE AVE APT 3L	
Address 918 CHALKSTONE AVE APT 3L		City PROVIDENCE R.I.	Zip 02908

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SECRETARY OF STATE
CORPORATIONS DIV
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Signature of Authorized Person:
Date: 9-10-08
Print or Type Name of Authorized Person: TERESA GARCIA

FILED	
File Date	SEP 11 2008
Check No.	
By:	By 2269
FOR SECRETARY OF STATE USE ONLY	