



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______________

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of	the limited liability com	pany											
095197000	WARGA													
3. State of Formation			usiness conducted in Rhode Island											
RI	HOO, OW REAL EST		City O State Zip											
5. Principal office address 749 EAST A	ENU E		City Photocices	Zip O 2	Zip のこ &く ()									
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CC	MPANY AND NAME (OF TITLE OF CONTACT PERSO	4.										
Contact Name	KRYSTO	N	Contact Title											
Street Address 749 Ea	151 Avenu	ے د	City	Zip 028	5860									
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT		SES) OF THE LIMITEI	LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u>	T LIST MI	EMBERS								
Manager Name DIANA	Kizysion	J	Manager Name											
Street Address 749 E	ast Aven		Street Address											
City PAWWCICET	State 2	2860	City	State	Zip.	25								
Manager Name		•	Manager Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip	ONS S								
8 RESIDENT AGENT IN RHODE	JSLAND				***	97								
This information is currently of	record in the Offi	ce of the Secretary of	State. Changes require filing F	orm 642.	<u>ω</u>	₹								

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Form No. 632 Revised: 01/2012 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

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

