



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 company					
000791290	791290 WARGARY, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	HOD, OLUNO, BUY, SELL, MANAGE OR OTHERWISE DEAL NO REAL ESTATE					
5. Principal office address 749 EAST AJENU E			City Printucices	State 12 _	OS 8€ ()	
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME (OR TITLE OF CONTACT PERSO	de in the second		
Contact Name DIANA KRYSTON			Contact Title			
Street Address 749 EAST AVENUE			City PAWTUCKET	State T	05 & PQ Sib	
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT		SES) OF THE LIMITE	D LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u>	T LIST MEMBERS	
Manager Name DIANA KRYSTON			Manager Name			
Street Address 749 East Avenue			Street Address			
City Prurveicei	State 2	2860	City	State	Zi Si	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Žip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.						

FILED 11:37 NOV 0 5 2013

File Date	
Check No	
By:	
FOR SECRETARY OF STATE	

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