

## 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 2013

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						
000794064	Ugol Woodworks LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
RI	Manufactioning / Woodworking						
5. Principal office address	7///0	g cue	The feet	State	Zip O.Z.	860	
8. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON;							
Contact Name Coustantine Tecloicts			Contact Title principal				
Street Address 60 Mineral Spring Cive			City Pautreliet	State P/	Zip Ost	80	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  ("X" BOX FOR ATTACHMENT)							
Manager Name Jour Teclor 1			Manager Name				
Street Address Boulevard Cove			Street Address				
City Lincolu	State /	Zip02865	City	State	Zip 5	<b>3</b> SE	
Manager Name			Manager Name				
Street Address			Street Address 2				
City	State	Zip	City	State	Zip	P S	
8. RESIDENT AGENT IN RHODE ISLAND							
This information is currently of	record in the Offic	ce of the Secretary of	State. Changes require filing Fo	orm 642.	govern reserve / milital be	☴⋜₺	
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**FILED** 

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Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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. tel 2613

Date

Signature of Authorized Person

Print or Type Name of Authorized Person