

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 20/3

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 na	me of the limited liab	ility company	_		
794311	1 H	andu	Dani 1	<u> </u>		
3. State of Formation	4. Brief des	cription of the charac	ter of business conducted in Rho	ode Island	11	
RJ	Jun	siture.	appliance a	nd other sn	all repair	
5. Principal office address 1 F. F. Mauran Ave.			East Provid	State RJ	Zip 02914	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND		PERSON:		
Contact Hame Dagraca			Contact Title OWNE!	Contact Title		
Street Address Mauran Ave.			East Provid	ence State y	029/4/	
7. LIST ALL MANAGERS (I ("X" BOX FOR ATTACHN		RESSES) OF THE I	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO N	OT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip 4 A R C S T R C S	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip 2: C	
8. RESIDENT AGENT IN RE	HODE ISLAND				edu o nist o i	
This information is current	ly of record in the	e Office of the Secr	etary of State. Changes require	e fillng Form 642.		

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Form No. 632 Revised: 01/2012

Inder penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements
and that all statements contained barrings true and correct

Signature of Authorized Person

Print or Type Name of Authorized Person