

## 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 20/4

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

Filing Fee: \$50.00 · FAI	LURE TO FILE 1	THIS REPORT BY DI	ECEMBER 1 WILL RESULT II	N A \$25.00 PENA	LTY FEE,	
1. Entity ID No.	2. Exact name o	f the limited liability corr	npany	······································		
000137489	1 / W	1 Joinli	)/	TERINF		
3. State of Formation	4. Brief descripti	on of the character of b	usiness conducted in Rhode Islan	d		
et .	15.	nint.				
5. Principal office address 20 2054			City Crans 18N	State D T	Zip 029	726
6. MAILING ADDRESS OF LIM	TED LIABILITY C	OMPANY AND NAME (	OR TITLE OF CONTACT PERSO	Nada da 🗸 🕏 visiĝis		
Contact Name lose Marcano			Contact Title PJESI JEHT DWINER			
Street Address 20 205 5			City Crops 8N	State Lj	Zip 02	905 .
7. LIST <u>ALL</u> MANAGERS (NAN ""X" BOX FOR ATTACHMEN	IES AND ADDRES	SES) OF THE LIMITE	LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u> T	LIST ME	MBERS
Manager Name			Manager Name			
Jose Warcano						
Street Address Zusy st			Street Address		<u> </u>	
Cipy (NOTON /	State LJ	21p 02905	City	State	Zip	
Manager Name		Manager Name		~~~~	22	
Street Address			Street Address		2014	Sm
			Oli CCI Addiess		SEP	244
City	State	Zip	City	State	Zip J	2
8. RESIDENT AGENT IN RHODI						920
This information is currently of	record in the Off	ice of the Secretary of	State. Changes require filing F	orm 642.		တ္
FILED						
SEP 15 2014 By 230249						
		A	A·,			
		1				
	er de le competité En la competité de		Under penalty of perjury 1d	eclare and affirm ti	nat I have e	examined
File Date			this report, including any ac and that all statements cont	companying sched ained herein are tri	ules and s ue and cor	statements, rect.
Check No	<u> </u>		7	/	91	18/18/
By:5			Signature of Authorized Person	n /	— <del>/ /</del> ,	Date
FOR SECRETARY OF STATE 1	ISE ONLY		JOSE Ma	(alia		1
Print or Type Name of Authorized Person						

Form No. 632 Revised: 01/2012