

## 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 nam	ne of the limited liab	oility company	<del> </del>		
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3. State of Formation	4. Brief desci	ription of the charac	cter of business conducted in Rhode	Island	1	
RI	180	arp +	CARD Gar	nes ICi	Monts	D
5. Principal office addre	aaletour	r St.	Providence	State	Zip 02909	
	S OF LIMITED LIABILITY	Y COMPANY AND	NAME OF TITLE OF CONTACT P	ERSON:		
Contact Name	1d Ricci		Contact Title	2		
Street Address	detons	<u>St.</u>	Peoridano	Q State	Zip 02909	,
7. LIST <u>all</u> manage ("X" box for att	ERS (NAMES AND ADDI 'ACHMENT) [	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO N	OT LIST MEMBERS	-35. (15.
Manager Name	e as a	Good	Manager Name			
Street Address  SOME	as ap	WL	Street Address			
city_aml	State OUS	DINE	City	State	<b>4</b> 01	0
Manager Name			Manager Name		<b>35</b> O.S.	
Street Address			Street Address			
City	State	Zip	City	State	Zip O	
8. RESIDENT AGENT	Section 1. Control of the section of	ESTATE OF STREET				y:
This information is cu	irrently of record in the	Office of the Secr	etary of State. Changes require fi	ling Form 642.		سلم.
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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