



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 2014

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. <u>693361</u>		2. Exact name of the limited liability company <u>AMCO ENTERPRISES LLC</u>			
3. State of Formation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>RETAIL TRADE</u>			
5. Principal office address <u>628 METACOM AVE, UNIT 1</u>		City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>JAS KOHLI</u>		Contact Title <u>PRESIDENT</u>			
Street Address <u>25 DENVER AVE</u>		City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>—</u>		Manager Name <u>—</u>			
Street Address <u>—</u>		Street Address <u>—</u>			
City <u>—</u>	State <u>—</u>	Zip <u>—</u>	City <u>—</u>	State <u>—</u>	Zip <u>—</u>
Manager Name <u>—</u>		Manager Name <u>—</u>			
Street Address <u>—</u>		Street Address <u>—</u>			
City <u>—</u>	State <u>—</u>	Zip <u>—</u>	City <u>—</u>	State <u>—</u>	Zip <u>—</u>
8. RESIDENT AGENT IN RHODE ISLAND					
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAY 18 2015

BY

890

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

JAS KOHLI

Print or Type Name of Authorized Person

05/13/15
Date