

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 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.	2. Exact nar	me of the limited liabi	ity company		
000 1487		NACHOO		LLC	
3. State of Formation	4. Brief desc	cription of the charact	er of business conducted in	Hhode Island	
PJ	<u> </u>	1) my GHT	nter		
5 Principal office addres	250	<u>o</u>	Colo Spri	my Harbon 1	UA ^{Zip} 117-24
6. MAILING ADDRESS (Coptact Name)	OF LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONT.	ACT PERSON:	
LICHARD IDERENZAN=				macin Parto	ser
Street Address SALE AS ABOVE			City	△ State	Zip
7. LIST ALL MANAGER	S (NAMES AND ADD	RESSES) OF THE L	IMITED LIABILITY COMPA	NY, IF APPLICABLE - <u>D</u> O	NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) Manager Name			Manager Name		
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Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		<u> </u>
Street Address			Street Address		And the latest the second seco
City	State	Zip	City	State	
8. RESIDENT AGENT IN	RHODE ISLAND				<u> </u>
This information is curr	ently of record in the	Office of the Secre	tary of State. Changes rec	quire filing Form 642.	7 5
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Etti B.A.			Under penalty o	f perjury, I declare and atti- uting any accompanying s	m that I have examined
File Date		(and that all state	ments contained herein a	re true and correct
Check No				12-6	411/11
	·		Signature of Auth	prize Person	Date
By:				1 / 1	
	MARKET TOP Active			<i>/</i> .	
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