

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 _

2015

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 name of the limited liability company					
3. State of Formation 4. Brief description of the character of business conducted in Rhode Island					
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RI	HV				
5. Principal office address 122 AmhersT AVC			City	State	Zip 0286 0
6. MAILING ADDRESS	S OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT, PE	ASON:	多名的图像多名词形式
Contact Name RICKY SENKA Street Address			Contact Title じいいとく		
122 Amberst Ave			City PAWT.		02860
("X" BOX FOR ATT	RS (NAMES AND ADD ACHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT					ng masiling Palagasi san
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					
FILED					RECE SEFARY 2015 SEP 14
SEP 14 2015					AMI
BY (7308634					VED OF STATE IONS DIV

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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.

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Signature of Authorized Person

Print or Type Name of Authorized Person