

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

Date

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 com	pany			
795630		JIFIED	BUSINESS		MOMS IL	· ()
3. State of Formation	4. Brief descriptio		usiness conducted in Rhode Island			
CONSULTING BUSSINGES						
5. Principal office address	Smith	<u>5</u> +	City Providence	State \$2_	7290	· 6
O. WAILING ADDRESS OF LIMITED EIABILITY COMPANY AND NAME OH TITLE OF CONTACT PERSON:						
Hasan M. Hussain			Contact Title Nember, City State RI Zip 2906			
Street Address 915 Smith Sh			City Providena	State RI	Zip 02-9 06	,
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRESS	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - DO NOT	LIST MEMBE	RS
Manager Name			Manager Name		AMARIC -C	5 555
Street Address			Street Address			
Oity	State	Zip	City	State	Zip	_
Manager Name			Manager Name	1	<u> </u>	
Street Address						_
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE		ne legi in appoint		l Marie Santania	riginal district	(Maria)
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
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FILED -					~ ₹₹	
OCT 0 9 2015						
	m. A.	0.00				
File Date	By Ca	<u> </u>	Under penalty of perjury 1 de this report, including any acc	clare and affirm th	nat I have exam	ined
Life halfs	Controller (2014)		- this report, including any account and that all statements conta			nents,

Signature of Author

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONL