

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.

Anatoth, 3. State of Formation Rhode Island 5. Principal office address 2 Williams Street 6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name Diamantino Fonseca Street Address 227 Thames Street - Unit 1 7. LIST ALL MANAGERS (NAMES AND ADDITY) ("X" BOX FOR ATTACHMENT)	iption of the chara te Rental COMPANY AND	City Providence NAME OF CITE CONTACT Contact Title President City Bristol	State RI PERSON:	Zip 02903	
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	RESSES) OF THE	•	RI	Zip 02809	
		LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOTE IST MEMBERS	
Manager Name N/A		Manager Name N/A			
Street Address	Street Address				
City State	Zip	City	State	Zip	
Manager Name N/A	Manager Name N/A				
Street Address		Street Address			
City State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND				A PART OF BELLEVILLE	
This information is currently of record in the	Office of the Sec	retary of State, Changes require	filing Form 642.		

BY 1/2 25 8501

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 NA STANS

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

CAMANTINO

FONSECA

Print or Type Name of Authorized Person

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