

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

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		
905585			reless LLC usiness conducted in Rhode Island		
5. Principal office address	Cell	phone	Store		
285 Park 6. MAILING ADDRESS OF LIMIT		C MPANY AND NAME O	Cranston	State	Zip 02905
Contact Name STEVE Street Address		PAL	Contact Title	97.00	
99 A/981		SESTION THE PROPERTY.	City P(N	State VS	02907
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED CIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	Zips
Manager Name			Manager Name	<u></u>	100 100 100 100 100 100 100 100 100 100
Street Address			Street Address		7
City	State	Zip	City	State	ZIPE S
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of	record in the Offi	ce of the Secretary of	State. Changes require filing Fo	orm 642	
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FILED

OCT 27 2015

ayC 7769758

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

Date

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012