

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

Filing Fee: \$50.00 ·	FAILURE TO FILE	THIS REPORT E	SY DECEMBER : WILL		
. Entity ID No.	2. Exact name	of the limited liabili	ty company		
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3. State of Formation	4. Brief descrip	tion of the characte	er of business conducted in	Rhode Island	
27	Cor	Truti	)ກ		
5. Principal office address	<u> </u>	re	Central	Folls RI	zp 2863
MAILING ADDRESSO	17 I U	COMPANIALNON	NAME (OF STREET, ROVE	<b>रकत्रभाइंग्</b> र	louero <u>k kan la r</u>
Contact Name	- Wanido	Rodor	Contact Title	nner	
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Manager Name		<u> </u>			
Street Address			Street Address		
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	New South Nation				
8 RESIDENT AGENUAL This information is cur	rently of record in the	Office of the Sec	retary of State. Changes r	equire filing Form 642.	<b>8</b>
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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 corregt.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person