

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.

Entity ID No. 2. Exact name of the limited liability company							
793025 Galnewein Innovations LLC							
3. State of Formation 4. Brief description of the character of business conducted in Rhode Island							
R.I. Consultants							
5. Principal office address	ngell Str	eet #356	City Providence,	State	21p 02906		
6. MAILING ADDRESS OF LIM Contact Name (ITES LIABILITY CO	DMPANY AND NAME (OR TITLE OF CONTACT PERSON Contact Title	N: and a second			
Adam Garzone			owner				
Street Address 11, 192	Waterma		Providence	Stap I	02906		
7. LIST <u>ALL</u> MANAGERS (NAI "("X" BOX FOR ATTACHMEN	MES AND ADDRES IT)	SES) OF THE LIMITE	LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u>	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 IN RHOD	 EISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							
			-				
	FILED				030		
	ILLU				2 \$ 7		
DEC 2 1 2015							
8Y <u>Au</u> 243814							

	-		4.5
File Da	ia.	100	A Park Control
	1. Herena de la companya de la comp	ar organization	Make September 6 A
Check	Ka a sa sa sa sa	4400	Action to the
C I CUR			NE CONTRACTOR
696	the ball		Company Co.
PY			colonia di Na
Foods			ara e a sur v
FURSI	Heriainy (JE STALE I	JSEUNLY
		4 (4 (

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person