

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## 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.

1. Entity ID No.	O Evertin					
Emily 15 140.	∠. Exact na	ame of the limited li	ability company			———-
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3. State of Formation	4. Brief des	scription of the char	acter of business conducted in Rhode			
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5. Principal office addres	is		City	<del>_</del>	<del></del>	
48 Bara	len La		1 1~~~~	State Q 1	Zip	
5. MAILING ADDRESS (	OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	1 84 1	0288	55
Contact Name :	-		Contact Title	HSUN:	24; 44; 5:54	
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Street Address			city Warren	State	7:-	
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7. LISTALL MANAGER	S (NAMES AND ADI	DRESSES) OF THE	LIMITED LIASILITY COMPANY, IF A	PPLICABLESTON	OT I	7 7
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RESIDENT AGENT NO	MUDE ISLAND		<b>第二年8月6日</b> 第二日2日		<b>_____</b>	
ins intolliation is curre	ntry of record in the	Office of the Secr	etary of State. Changes require filin	ig Form 642.		<b>,</b> • • • • • • • • • • • • • • • • • • •
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FORSECRETARY 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

David Seguino

7/2/16

Print or Type Name of Authorized Person