

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

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.		e of the limited liabili				
195 29	/	letta	Living L	LC		
3. State of Formation			er of business conducted in			
RI	177	arel-	+ Intend	7		
5. Principal office address	gden S	}-	+nnel	enle State	02906	
6. MAILING ADDRESS OF	LIMITED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTA	CT PERSON:		
Contact Name Carolyn Schnitz			Contact Title	Owner		
Street Address 170 Centedon St			CHYProvid	Prividence State 21 2102906		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	NAMES AND ADDR	ESSES) OF THE L	IMITED LIABILITY COMPA	NY, IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name				Manager Name		
Street Address	\sim		Street Address	Street Address		
City	State	Zip	City	State	Zip	
anager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN R	HODE ISLAND					
		Office of the Secre	tary of State. Changes rec	uire filing Form 642.		
		, , ,				
				MAR 2 5 2018	_	
				10780	<u></u>	
File Date			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.			
Check No					2/20/	

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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