

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.

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1. Entity ID No.		of the limited liability c	ompany		
144994	DEVDE	NO LLC			
3. State of Formation	4. Brief descri	ption of the character o	f business conducted in Rhode Isla	nd	
RI		C-5TOR			
5. Principal office address			City PROVIDENCE	State	Zip 20 1 2
306 BROADVAT	(Fren Langue)		1 00117647	<u> K2 </u>	02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAMI Contact Name			Contact Title	ON:	
VIRAL PATEL)		
Street Address 21 MRANT ST			ProVIDENCE	State	Zip 02903
7, LIST ALL MANAGERS (NA	MES AND ADDR	ESSES) OF THE LIMIT	ED LIABILITY COMPANY, IF APP		
("X" BOX FOR ATTACHME				applicate for the same	
Manager Name 131 TAL PATEL			Manager Name	PATEL	
Street Address			Stroot Address		···
21 hrang ST			21 GRANT ST		
City	State	Zip	City	IState	Zip
PROVIDENCE	RZ	02909	PROVIDENCE	RZ	02909
Manager Name			Manager Name		
Street Address			Street Address	-	
			5.1001.1001		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHOL		Office of the Secretary	of State. Changes require filing		
This initiality is callently t	or record in the C	office of the Secretary	of State. Changes require filing	Form 642.	
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File Date			Under penalty of perjury, I this report, including any a	declare and affirm	n that I have examined
en en de citado escala con de comita de la comita del comita de la comita del la comita del la comita del la comita de la comita del la comita de la comita del la co			and that all statements cor	taitied herein are	true and correct.
Check No			1/18/11/10		irlox/16
By:			Signature of Authorized Pers	on	Date
FOR SECRETARY OF STATE	UCEANIV		VIRAI DA	1751	
	USE UNLI		Print or Type Name of Author	ized Person	·

Form No. 632 Revised: 01/2012