

## 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.

A F C ID M			- 1		
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	business conducted in Rhode Isla	ınd	
RI		C-5TOR			
5. Principal office address			City PROVIDENCE	State	Zip
306 BROATURT	fren i ia nii itii		ו איז	_  K <u>Z</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	NT) LI BERRANDE	This of Health Section		arigus followed	
Manager Name 131 TAL PATEL			Manager Name	PATEL	
Street Address			Stroot Address		···
ZI BRANT ST			21 GRANT ST		
City PROVIDENCE	State	Zip	City	IState	Zip
	RI	02909	PROVIDENCE	RZ	02909
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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8. RESIDENT AGENT IN RHOL This information is currently of		Office of the Secretary	of State. Changes require filing	Form 642	
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BY M	27/962	<del></del>			O
	· XMM CANAGE AND		Hadama A. A. A.		
File Date			Under penalty of perjury, I this report, including any a	declare and affirm	n that I have examined hedules and statements
			and that all statements cor	tathed herein are	true and correct.
Check No			WALL AND		1108/16
By:			Signature of Authorized Pers	sort	Date
FOR SECRETARY OF STATE	HISE ONLY		VIRAL DA	975-1	
			Print or Type Name of Author	rized Person	

Form No. 632 Revised: 01/2012