

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

2016

Date

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.	2. Exact name of	f the limited liability con	npany		
117742	Clau	How Por	11 portugar	110	,
3. State of Formation	4. Brief description	on of the character of b	usiness conducted in Rhode Islan		
Rhode Island	Repl	S4483	The second second in this one islati	u	
5. Principal office address 33 AGAW 6. MAN ING ADDRESS OF LINE	an Pae	24	RUMFORD	State DI	2ip 02916
6: MAILING ADDRESS OF LIMIT Contact Name	Clayton		OR TITLE OF CONTACT PERSO Contact Title		
Street Address 23 FCAWAM	Paele RD		Rum Food	State RT	Zip
7. LIST ALL MANAGERS (NAMI ("X" BOX FOR ATTACHMENT	ES AND ADDRES:	SES) OF THE LIMITE	D LIABILITY COMPANY, IE APPI	ICABLE - DO NOT	LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name		<u> </u>	Manager Name		<u> </u>
Street Address					
			Street Address		
City	State	Zip	City	State	Zip 22
8) RESIDENT AGENT IN RHODE	ISLÁNĎ.				Zip 28 Sin
This information is currently of r	ecord in the Offic	e of the Secretary of	State, Changes require filing F	200 (100 (100 (100 (100 (100 (100 (100 (
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		# #	12:40 P.W	ι,	
File Date			Under penalty of perjury, I de	clare and affirm th	at I have examined
Check No.			this report, including any accand that all statements conta		

Signature of Authorized Person

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012