Department of S			Division			
Annual Report for the y Limited Liability Compa	e2016	····				
→ Filing period: September	•	1				
→ Filing Fee: \$50.00						
→ Penalty: Additional \$25.00	fee if form is n	ot ¿led by Decem	ber 1.			
Entity ID Number	2. Exact name	of the Limited Lia	bility Company	<b>'</b> C		
00813291	Hire	. Fire	one	Kerne	rrc	
3. NAICS Code	4. Brief descrip	otion of the charac	ter of business	s conducted in Rhoo	le Island	
54	Cuns	) mothers				
5. State of Formation		7				
RI						
6. Principal Of¿ce Address	<u> </u>		City		State	Zip
56 JUHN St.			l'	LINCE	RI	W906
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Pe	rson	1°	
Contact Name John			Contact Title	INCPAL		
Street Address Po Dux 9483			City D	J. Zence	State R T	Zip (29.40
8. List ALL managers (names a	nd addresses) o	f the Limited Liabi	lity Company,	F APPLICABLE - D	O NOT LIST ME	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	··- · · · · · · · · · · · · · · · · · ·	State	Zip
	<u> </u>			Che	ck the box to ind	icate an attachment
9. Resident Agent in Rhode Islan	nd. This information	on is currently of reco	ord with the Dep	artment of State. Char	nges require ¿ling	Form 642.
Under penalty of perjury, I dec statements, and that all staten	lare and af¿rm	that I have exam	ined this rep			
Name of Authorized Person	•				Date	
JUHANNA			<b>26</b> f.	10,3016		
Signature of Authorized Person	HARRIS	-		J van British Gramm.		
Jahren .	114	SIGN DO	CUMENT +	tert		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED SEP 12 2016

BY\_ 1330(S)