

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20/6 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

		·			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
505478	Danielle's LL				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
448150	Rettil Elothing + Dearling Boiligue				
5. State of Formation					
6. Principal Office Address			City	State	Zip
go Minne 10			Fast Gne	event PI	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name EDWARD De/8/220			City EAST Greenury State Zing 2814		
Street Address Midnig MO				State 77	zig 281}
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Date					· · · · · · · · · · · · · · · · · · ·
EDWARD Delfinic				9-14	716
Signature of Authorized Person					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

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

SEP 19 2016

FORM 632 - Revised: 08/2016