

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: (Limited Liability Company

2016

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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2016 SEP 20 PM 12: 13

1. Entity ID Number	2 5		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1. Entity ID Number 2. Exact name of the Limited Liability Company					
1980.19	GUI	eral (anstruction 2°	taint)	na UC
3. NAICS Code	4. Brief descr	iption of the cha	racter of business conducted in Rh	node Island	0
(A)	Da.	nLin	a I CMAC	2010,1	
5. State of Formation	14W	$I \setminus T \cap I$	at MU	ATKIL	
KI			0 0 0 1 1		
6. Principal Office Address	Λ.Λ.	,	City	State	Zip
482 Central Ave			PAWMOUT	RI	10360
7. Mailing Address of Limited Liability Company and Name or Title of Contact Rerson					
Street Address Of Address			Contact Title OWNER		
To Maun St			Pawticket	State	zin 2861
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		
			Sileat Address		
City	State	Zip	City	State	Zíp
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					
Hugo R. GEOR 9/20/2016					
Signature of Authorized Person					

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

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