

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2016 SEP 21 AM 10: 26

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

133 B 20 20 20 20 20 20 20	1. Entity ID Number	2 Evert name of the Limited Liebility Company					
4. Brief description of the character of business conducted in Rhode Island Transport to N 5. State of Formátion R 6. Principal Office Address 9. State of Formátion R 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Ombbola 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 Street Address City State Zip State Zip State Zip State Zip 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 842. 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 9. Resident Adversance of Authorized Person Date 9. Date		2. Exact name of the Limited Liability Company					
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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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BY CM 284020