State of Rhode Island			·	_	
Department of	State - De	usiness Servi	ces Division		
Annual Report for the year: 2016 Limited Liability Company					R.I. 05 2016 SEP
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>					30 Jan
1. Entity ID Number	2 Exact	name of the Limited	- Linkillin Company		
1656997		name of the Limited			01, TE
3. NAICS Code	<del></del>		paracter of business conducted	in Rhode Island	
52 - Finance and Insurance	ľ	l Management		mixing control	
5. State of Formation Rhode Island					
6. Principal Office Address			City	State	Zip
294 West Exchange Street	·		Providence	RI	02903
7. Mailing Address of Limited L	iability Comp	any and Name or T	Fitle of Contact Person		
Contact Name Betsey A. Purint	ton		Contact Title		
Street Address 294 West Excha			City Providence	State RI	<sup>Zip</sup> 02903
8. List ALL managers (names a	and address∉	s) of the Limited Li	ability Company, IF APPLICAE	3LE - DO NOT LIST N	/EMBERS
Manager Name		<del></del>	Manager Name		
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zìp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				Check the box to in	dicate an attachment
9. Resident Agent in Rhode Islan	ind. This inform	nation is currently of r	record with the Department of State	te. Changes require filing	Form 642
Under penalty of perjury, I dec statements, and that all stater	clare and affi	firm that I have exa	amined this report including	any accompanying	schedules and
Name of Authorized Person				Date	
Betsey A. Purinton	=			1 Sec	d 16,2016
Signature of Authorized Person		SIGN DC	OCUMENT 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

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