

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1009776		ame of the limited liabili ANOS IMPORT, L				
3. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island WHOLESALE				
5. Principal office address 861 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910	
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name AURA ORTEGA			Contact Title MANAGER			
Street Address 861 RESERVOIR AVENUE			CRANSTON	State RI	Zip 02910	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADI HMENT) 🗍	DRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER	
Manager Name AURA ORTEGA			Manager Name			
Street Address 861 RESERVOIR AVENUE			Street Address			
City CRANSTON	State RI	Zip 02910	City	State	Zip	
Manager Name			Manager Name			
		Street Address				
Street Address			Street Address			
	State	Zip	Street Address City	State	Zip	
Street Address Dity B. RESIDENT AGENT IN F	RHODE ISLAND				Zip	

09/01/2016 Date

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, File Date ___ and that all statements contained herein are true and correct. Check No __ FOR SECRETARY OF STATE USE ONLY

AURA ORTEGA

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012