

Annual Report for the year: 2016 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.

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1. Entity ID Number 2. Exact name of the Limited Liability Company								
789 128	ARIAS & Huarcas LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
81								
5. State of Formation								
XI.	Floor Rest	019+10M						
6. Principal Office Address	-	City	State	Zip				
61 Henry a		Central Falls	1 12.	02863				
7. Walling reduces of Entitled Elability Company and Name of Title of Contact Person								
Contact Name SOSE AV	ias	Contact Title						
Street Address G (Henry	51	Central Fulls	State R7	Zip 02863				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
	ias	Manager Name						
Street Address 61 Henry ST		Street Address						
Central Falls	Stata Zip 2863	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 dec.	lare and affirm that I have exa	mined this report, including any	accompanyings	schedules and				
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								
JOSE ARIAS	10 5	2016						
Signature of Authorized Person								
you and								

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**

OCT 05 2016

By 285259

KIM