State of Rhode Island Department of S			ices Division		<u>, </u>	
Annual Report for the y Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any r 1 - Novem	ber 1	ecember 1.			
1. Entity ID Number 653684	2. Exact n		d Liability Company			
3. NAICS Code 44-45 - Retail Trade 5. State of Formation RI	4. Brief de PRINTING		naracter of business conducted	in Rhode Island		
6. Principal Office Address 26 RICHARD ST			City CRANSTON	State RI	Zip 02910	
7. Mailing Address of Limited Li	ability Compa	any and Name or	Title of Contact Person			
Contact Name JOSE BATISTA			Contact Title MEMBER			
Street Address 26 RICHARD ST			City CRANSTON	State RI	^{Zip} 02910	
8. List ALL managers (names a	nd addresse	s) of the Limited L	iability Company, IF APPLICAE	BLE - 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			
City	State	Zip	City	State	Zip	
				Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently of	f record with the Department of Sta	te. Changes require filir	ng Form 642.	
Under penalty of perjury, I ded statements, and that all stater	clare and aff nents conta	îrm that I have e. ined herein are t	xamined this report, including rue and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
JOSE BATISTA 7.				09/26/1	6	

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 06 2016 By 1074 A.A.