State of Rhode Island and Providence Plantations					
Department of State - Business Services Division					
MORE					23 R
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Annual Report for the year: 2016					8 58
Limited Liability Company					
→ Filing period: September 1 - November 1					か (言語)
→ Filing Fee: \$50.00					-0
→ Penalty: Additional \$25.00	fee if form is	not filed by Decer	mber 1.	_	12: STAT
	1		1.00		2: 2
1. Entity ID Number	2. Exact name of the Limited Liability Company				(2)
1654179	MAGAZINE A PRACA, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
51 - Information	ETHNIC MAGAZINE PUBLISHER				
5. State of Formation	1				
RHODE ISLAND					
C. Dain air al Office Address			Love	Tour	12:-
Principal Office Address The State of the State		City	State	Zip	
574 WOOD STREET			BRISTOL	RI	02809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DAVID V. LOURE	RO		Contact Title MEMBER		
Street Address 27 FRANCA DRIVE			City BRISTOL	State RI	^{Zip} 02809
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A	_		Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			<u> </u>	Check the box to in	ndicate an attachment
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 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					
DAVID V. HOUREIRO					9/2016
Signature of Authorized Person					
SIGN DOCUMENT 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

FILED

OCT 06 2016 By le 285357

FORM 632 - Revised: 08/2016