	State of Rhode Island and Providen Office of the Secretary of S	
	Division Of Business Service	25
	148 W. River Street	
	Providence RI 02904-2615	5
HOPE	(401) 222-3040	
imited Liabil		
Innual Repor	t tember 1 - November 1	
	h R.I.G.L. 7-16-66(d), each limited liability company fail. port within thirty (30) days after the time prescribed by	
	pject to a penalty fee of \$25.00.	1000 (11.1.0.E. 1
ANNUAL REPOF	RT YEAR: <u>2016</u>	
1. ID No. <u>0(</u>	00797970	
2. Exact Name	of the Limited Liability Company <u>Emmily's llc</u>	
3. State of Forr	nation	
State: <u>RI</u>		
	ARTICLE III	
Using the following	ARTICLE III	cribes your business.
Using the followin		cribes your business.
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PATRICIA NORIEGA MENDEZ 1527 SMITH STREET NORTH PROVIDENCE, RI 02911

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of October, 2016 at 2:06:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>PATRICIA NORIEGA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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