

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ 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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2016 OCT 17 PM 4: 07

la Esta de Maria	- ^ -	F (1 1 1 1					
1. Entity ID Numbe	7 Nat	ame of the Limite	ed Liability Company				
3. NAICS Code	4. Brief de	scription of the c	haracter of business conduct	ted in Phode Island			
44-43	S Hand	made.		andles, 9	OFTS		
5. State of Formation	on Rad	h 5017	-< TOT DOUG	• , ,			
\mathcal{K}	LIM	tase.	toms for	2) 100111	Sprays		
6. Principal Office A	Address	1	City	State	Zip		
	IDE STREET	0	Providence	e Ri	0290	8	
	of Limited Liability Compa	iny and Name or	Title of Contact Person				
Contact Name	D'MUCCIO -I	Darwich	Contact Title	Contact Title OWNOV			
Street Address 40 LY NDE ST			City PROVIDER	ICE State R.T.	Zip 02901		
	ers (names and addresses	s) of the Limited	Liability Company, IF APPLI	CABLE - <mark>DO NOT LIST</mark>	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address	· · · · · · · · · · · · · · · · · · ·	16	Street Address	Street Address			
City	State	Zip	City				
		Z.h	City	State	Zîp		
				Check the box to	indicate an attachme	nt 🗀	
Resident Agent in	Rhode Island. This inform	ation is currently o	of record with the Department of	State. Changes require fili	ng Form 642.		
Under penalty of p	erjury, I declare and affi	rm that I have e	examined this report, inclu	ding any accompanyir	ng schedules and		
Name of Authorized	at all statements contai	ned herein are	true and correct.				
Marine of Admonized	Telson //	7) 97		Date			
L alang	1)Mucae-	LAKEIKA		10/17/16			
Signature of Authori	zed Person	L/L					
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 7 2016

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