

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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A FASIAL ID NO.	Ι	P. (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
1. Entity ID Number	Nat	ame of the Limit	ed Liability Company			
3. NAICS Code	4. Brief des	scription of the o	character of business conduc	stad in Phode Island		
44-45	Hanl	made.	and the second s	canples, q	OFF	
5. State of Formation	n Ray	h 5017	TO TOT DOWN	0 , /		
RI	LIM	tare.	tems	2) 100111	Sprays	
6. Principal Office Ad	ddress		City	State	Zip	
	de street		Providen	ce RT.	02908	
	f Limited Liability Compa	iny and Name o	r Title of Contact Person			
Contact Name	D'Muccio I	Darwick	Contact Title	wnor		
Street Address	o Lynnes	<i>i</i> +	PROVIDE	nce State R.T	Zip 02908	
	s (names and addresses	s) of the Limited	Liability Company, IF APPL	ICABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>		Manager Name	Manager Name		
Street Address	***-		Street Address	Street Address		
City	State	Zip	City	State	7:-	
•			J. S.i.y	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in	Rhode Island. This inform	ation is currently	of record with the Department o	of State. Changes require fili	ng Form 642.	
Under penalty of pe	erjury, i declare and affi et all statements contai	rm that I have	examined this report, inclu	ıding any accompanyir	ng schedules and	
Name of Authorized I		neu nerem are	ude and correct.	Date		
121000	1 Sulling of	Day Sel		10/17/11		
Signature of Authoriz	1)/Jucul	ZANUACK (10/1///	6	
Olgitature of Authoriz		D				
			_ 			

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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