

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: _20/6 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company				
120304	RAIN-ONE CO UL				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
<i>S</i> 3	REAC ESCATE HELDING				
5. State of Formation	1 COAC	LIGHT	pusine		
14.7.					
6. Principal Office Address		1	City	State	Zìp
2953 HANZFORD AUR			SCHOOTCO4	Mil	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM AUXCOLE			Contact Title Outal		
Street Address Ack			City Sources	State L L	Zip 02-919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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
		<u> </u>	Che	ck the box to indi	cate an attachment
9. 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 / /					
WILLIAM RAWKAE 10/21/16					
Signature of Authorized Person					
Sign DOCUMENT HERE					
	7/				

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 2 4 2016

FORM 632 - Revised: 08/2016