



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 816747		2. Exact name of the limited liability company R & C WIRELESS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PHONES			
5. Principal office address 1496 BROAD STREET		City PROVIDENCE		State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RAMON M. RIVAS CAMACHO		Contact Title MANAGER			
Street Address 161 ORCHARD STREET		City CRANSTON		State RI	Zip 02910
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name RAMON M. RIVAS CAMACHO		Manager Name ARIDELIS E. CABREJA DE RIVAS			
Street Address 161 ORCHARD STREET		Street Address 161 ORCHARD STREET			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 24 2016

BY

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

09/22/2016

Date

RAMON M. RIVAS CAMACHO

Print or Type Name of Authorized Person