

Annual Report for the year: 2016

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

A. ADS	ED
R.I. DEPT. OF	STATE
ENSINY TO	niv

2016 OCT 26 PM 2: 01

123648	/55 /// rief description of		ent 12C					
3. NAICS Code 4. B	rief description of		ratific.					
3. NAICS Code 4. B	,	the character of husiness	155 Pleasant Stratt 2C					
		4. Brief description of the character of business conducted in Rhode Island						
5. State of Formation Alprovisions set out in the operation,								
Rode Island		,,		ag re	the the			
6. Principal Office Address	Paul	ticket	State	Zip 02860				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Contact Title			ember					
Street Address 155 Messant St. City Pauticle		relet	State 2	zip 07860				
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 Addre		Street Address						
City State	Zip	City		State	Zip			
Manager Name		Manager Name	Manager Name					
Street Address		Street Address	Street Address					
City State	Zip	City		State	Zip			
			Chec	ck the box to indi	cate an attachment			
9. Resident Agent in Rhode Island. Thi	s information is curre	ently of record with the Depa	rtment of State. Chan	iges require filing F	Form 642.			
Under penalty of perjury, I declare a statements, and that all statements			rt, including any a	ccompanying s	chedules and			
Name of Authorized Person, Alcky / Syngrides			Date 10/26/16					
Signature of Authorized Person								

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 6 2016

BY Cn 286993