

## 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.	2. Exact name	of the limited liability co	ompany			
145950	$\mathcal{U}$	41 me C	ellectible	s //c		
3. State of Formation	4. Brief descri	ption of the character of	business conducted in Rho	de Island		
125	In	Lecnet Re	etail SAles			
5. Principal office address  100 North		Freet	City Protude	J State KI	Zip 02861	
6. MAILING ADDRESS OF L	IMITED LIABILITY	COMPANY AND NAM	2.22.23.4.2.24.4.4.2.2.2.2.2.2.2.2.2.2.2	PERSON:		
Contact Name Sosemh T. Pits			Contact Title  Oconer			
Street Address  // No rth	Beno St	reet	City DAW tuck	J State PI	Zip OD SE 1	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADDR ENT) [	ESSES) OF THE LIMIT	ED LIÅBILITY COMPANY,	IF APPLICABLE - <u>DO N</u>	OT LIST MEMBERS	
Manager Name			Manager Name			
Street Address  1 Ke No 17th Bond Street			Street Address			
city which	State	Zip 0286 1	City	State	Zip	
Manager Name			Manager Name	<u> </u>	1	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO				er e		
This information is currently	of record in the (	Office of the Secretary	of State. Changes require	filing Form 642.	20 R	
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Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying echedules and statements, and that all statements contained herein are true and correct.

Signature of Apthorized Person

Print of Type Name of Authorized Person