Department of			oc Divinion	-	1-1-1-1-1	
peharmient of	Olate - DU	3111622 361A1C	es DIVISION			
Annual Report for the year:					216 OCT	
→ Filing Fee: \$50,00 → Penalty: Additional \$25.	.00 fee if form	is not filed by Dec	ember 1.	-	27 P. J.	
1. Entity ID Number	/	ame of the Limited I	•		D TAT STAT STAT STAT	
717436	Keze				9. * ATE	
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island 🙃				
48-41						
5. State of Formation	Deln	Jery of	mals			
6. Principal Office Address			City	State	Zip	
8/ Lee St.			Prosty clast	125	02861	
7. Mailing Address of Limited	Liability Compa	any and Name or Tr	tle of Contact Person			
Contact Name Keth Nucium	<u> </u>		Contact Title			
Street Address 8 (Let SL			City /aw/ cicel-	State -	Zip GIO	
8. List ALL managers (names	and addresses	s) of the Limited Lis	bility Company, IF APPL	ICABLE - DO NOT LIST		
Manager Name Rutt Nucin	ec		Manager Name			
Street Address 81 Lee SI-			Streat Address			
gity Pawfuckeef	State —	2ip 80/	City	State	Zip	
Manager Name		1	Manager Name			
Street Address			Street Address			
City	State	Zip	Cîty	State	Zip	
	· · · · · · · · · · · · · · · · · · ·			Check the box to	indicate an attachment	
9. Resident Agent in Rhode Is						
Under penalty of perjury, I d statements, and that all state	eclare and affi ements contai	irm that I have exa ined herein are tru	amined this report, include and correct.	uding any accompanyi	ing schedules and	
Name of Authorized Person				Date		
Harfford Whin				(3/	13/27/16	
Signature of Authorized Person	n					
Hel DV	<u></u>	·····				
V						

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 28 2016

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