State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016 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.

					
1. Entity ID Number 2. Exact name of the Limited Liability Company					
100 ((()	3610	<u> </u>	roduction,	<u> </u>	<u> </u>
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81	Retail sales of Autignes & collectibles				
5. State of Formation					
RI					
6. Principal Office Address	ل ا		City	State	Zip
711 Putnam Pile			Greenville	RI	02828
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MIChael RUSSI			Contact Title OWNER		
Street Address WATEN V	new :	Drive	city Smithfield	State RI	zip 02917
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
Check the box to indicate 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 / /					
Michael Rossi 10/31/16					16
Signature of Authorized Person					
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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 OV

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