

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.

	I						
1. Entity ID Number	2. Exact name of the Limited Liability Company						
1337139	TAKE OFF HOLDINGS, I.LC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental a							
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
77 Urrico Avenue			North Smithfield	RI	02896		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Anne-Marie Girard			Contact Title Member				
Street Address 77 Urrico Avenue			City North Smithfield	State RI	Zip 02896		
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	Žip		
			Che	eck the box to indic	cate 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							
ANNE-MARIE GIRARD Oct. 26, 2016							
Signature of Anythorized Person - Sign DOCUMENT HERE							

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 NOV 0 2 2016

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