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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.

	T = -						
1. Entity ID Number	Exact name of the Limited Liability Company						
794005	ABA LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
71 - Arts, Entertainment, and R	author						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
154 Bear Hill Rd. Apt 306	3ear Hill Rd. Apt 306			RI	02864		
7. Mailing Address of Limited Lia	bility Company	and Name or Title					
Contact Name Annette Blair		Contact Title member					
Street Address 154 Bear Hill Rd. Apt 306		City Cumberland	State RI	^{Zip} 02864			
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		
			<u> </u>	Check the box to in	dicate an attachment		
9. Resident Agent in Rhode Islan	d. This information	on is currently of reco	ord with the Department of State	e. Changes require filin	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							
Annette Blair $10/28/16$							
Signature of Authorized Person Lunette M Bair							

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

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BY