

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

2016 NOV -3 PH 12: 59

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→ 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	O Front was of the United Circles Comment				
	2. Exact name of the Limited Liability Company				
1457288	LARID	ard Pi	operfies LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53	BYROL	state			
5. State of Formation	7 / () ()	0,0,7			
RI					
6. Principal Office Address			City	State	Zip
115 Stanshury St			Providence	BI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name NOULO NOTFOY			Contact Title		
Street Address Hanshury 54			DIDUIDENCE	State I	zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name 1001 Q NO1401d			Manager Name		
Street Address Ston SDD14			Street Address		
Dipuldence	State	0290X	City 1	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					
SheylA No	Bord			11-3-	-16
Signature of Authorized Person					
Mella Nochows 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 03 2016

FORM 632 - Revised: 08/201