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2016 NOV 10 AM 10: 04

Annual Report for the year: **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				
963488	LICTORIA SERVICES UL				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1 23					
5. State of Formation	i (an Str	11 COO		
5. State of Fournation	\				
K-L					
6. Principal Office Address			City	State	Zip
75 ORK	St.		DYOU	727	07909-
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Rogelio Ubico			Contact Title		
Street Address 75 O.A.K St			City DYOU-	State I	Zip 07909.
8. List ALL managers (names and addresses) of the Limited Liability/Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Kog elio Ubico			Manager Name		
Street Address Same.			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 in	dicate 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 Rogelio Ubico. Date 11100000					
Signature of Adthorized Person					

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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