State of Rhode Island a						
Department of State - Business Services Division						
Annual Report for the year: 2011						
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. 					201 8	
Trenaity. Additional \$20.00	lee ii iuiiii is i	10t filed by Decei	mber 1.		8 8 9.	
1. Entity ID Number	2. Exact name	e of the Limited Lia	iability Company		N 00 TO	
000163224	1	ING BY JEANNE	· · · · · · · · · · · · · · · · · · ·		7 500	
3. NAICS Code	4. Brief descri	iption of the chara	acter of business conducted in Rhoo	rde Island	3 00 V	
81 - Other Services (except Put	ľ					
5. State of Formation	4				<u> </u>	
RI						
6. Principal Office Address			City	Tar .	ΤΞ.	
34 MILTON AVENUE			CRANSTON	State RI	Zip 02905	
7. Mailing Address of Limited Liab			02303			
Contact Name JEANNE MARTIN	Jilly Company .	and Name or True				
			Contact Title MEMBER			
Street Address 34 MILTON AVENUE			City CRANSTON	State RI	Zip 02905	
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	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name		<u> </u>	
Street Address			Street Address	·		
City	State	Zip	City	State	Zip	
			L			
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 an statements contained nerein are true and correct.						
Name of Authorized Person				Date	/	
JEANNE MARTIN	_		1	1/24/	10	
Signature) of Authorized 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 1 4 2016 28843U

FORM 632 - Revised: 08/2016