

2016 NOV 16 PH 12: 16

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 Evact name	of the Limited Li	ability Company		
1 — '	2. Exact name of the Limited Liability Company				
590736	1057 Main St LLL				
3. NAICS Code	4. Brief descrip	tion of the chara	cter of business conducted in Rho	de Island	
L 53		· .	T 1 (
5. State of Formation	1	Real I	Estate		
O T	·	, 0 0(1			
R. <u>L</u>			·	•	
6. Principal Office Address			City	State	Zip
1057 Hain			Pa wtucket	$\mathcal{R}I$	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Fernandes			Contact Title Owner		
Street Address 1057 Main St			City Pawtu Ket	State /	Zip 02860
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>	Che	ck the box to ind	icate 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					
José Gernandes 11/16/2016					
Signature of Authorized Person					
Desi Fernandes					

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 6 2016

FORM 632 - Revised: 08/2016