(3)	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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Annual Report for the year:	2016
Limited Liability Company	
→ Filing period: September 1 - No → Filing Fee: \$50.00	vember 1

7 Fernalty. Additional \$25,00	ree it torm	is not filed by D	ecember 1.				
1. Entity ID Number 691868	2. Exact no Sherry Fe						
3. NAICS Code	ode 4. Brief description of the character of business conducted in Rhode Island						
54 - Professional, Scientific, a	Accounting practices and related activities						
5. State of Formation	1						
Ri							
6. Principal Office Address	<u>L</u>		City	State	Zip		
1441 Park Avenue			Cranston	RI	02920		
7. Mailing Address of Limited Lia	bility Compa	any and Name or	Title of Contact Person				
Contact Name Sherry Ferdinand	į		Contact Title Member				
Street Address 1441 Park Avenu		•	City Cranston	State RI	Zip 02920		
8. List ALL managers (names ar	nd addresse:	s) of the Limited I	Liability Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS		
Manager Name None			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		
				Check the box to it	ndicate an attachment		
9. Resident Agent in Rhode Islan	d. This inforn	nation is currently c	of record with the Department of St	ate. Changes require filin	n Form 642		
Under penalty of perjury, I dec statements, and that all statem	lare and affi	irm that I have e	yamined this report include	ng any accompanyin	g schedules and		
Name of Authorized Person							
Sherry Ferdinandi		•		11/16	12016		
Signature of Authorized Person.					·		
Sherry terdin	andi'	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

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FORM 632 - Revised: 08/2016