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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2016
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 116066	Exact name of the Limited Liability Company Mulholland Harper, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
71 - Arts, Entertainment, and R	TRAVEL CONSULTANT						
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
140 CONNECTION STREET			NEWPORT	RI	02840		
7. Mailing Address of Limited Lia	bility Compan	and Name or Titl					
Contact Name JUDITH M. ALLPRESS			Contact Title MEMBER				
Street Address 140 CONNECTION STREET		City NEWPORT	State RI	<sup>Zip</sup> 02840			
8. List ALL managers (names ar	nd addresses)	of the Limited Liab	oility Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS		
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		
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							
JUDITH M. ALLPRESS					2/16		
Signature of Authorized Person authority all 125							

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 ov

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