

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2016 NOV 29 PM 3: 19

Annual Report for the year: _20/6

- → 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				
155897	(Willy I Silvia LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1 72		. / /			
5. State of Formation	Bar club				
RI					
6. Principal Office Address			City	State	Zip
31 Greenville pre.			Johnston	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Maria Vargas			Contact Title		
Street Address 165 Cherry Hill Road			tohnston	State	Zip 02919
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
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				Date	
Maria Vargus				11-29-16	
Signature of Authorized Person					
(Morin longs					

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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