

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYUS DIV

2016 NOV 30 AM 10: 58

→ 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 (D Number	2. Exact name of the Limited Liability Company				
000912437					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
52	BOOKKeeping and Tax Preparation				
5. State of Formation	and Payroll Services				
RT					
6. Principal Office Address		277 F/00	1	State	Zip
69 Montgomery St suite 1			T TO THE TALL	RI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Dariel Blanco Street Address			Contact Title		
69 Montsomery St			City Pawtneket		2ip 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
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 / /					
					30/16
Signature of Authorized Person SIGN DOCUMENT HERE					
7 1					

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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