

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RACEIVED R.I. DEPT. OF STATE BUS SYDE DIV

2016 HOY 30 PH 12: 14

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. Exact name	of the Limited Lia	ability Company		
736025	GE	DLA	KE LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1 23	TBuy Houses and Vepairs.				
5. State of Formation	Buy Houses and repairs. General Construction				
07	Jeia	14(1 -0)			
6. Principal Office Address			City	State	Zip
599 Broad st.			Providence	RI	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sandra Lake.			Contact Title Sole Proprietor-Agent		
Street Address			City	State p	Zip
PO BOX 73 255			Proviagnie	KL	02907
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager t			Manager Name		
Street Address			Street Address		
City	State	1	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 /	.1
Saullilla	BM			11/2	30/16
Signature of Authorized Person					
SANDRA ELAKE 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

