

State of Rhode Island and Providence Plantations

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

R.I. DEPT. OF STATE

2016 NOV 30 PH 3: 03

Annual Report for the year: 2015
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 Liability Company				
646180	ALEXIS PROMEROTO LAC				
3. NAICS Çode	4. Brief description of the character of business conducted in Rhode Island				
53	developt Sett/by/lease Residenteal and for Commercial Real Estate				
5. State of Formation	( concer)	nau (n)	The rain	encia anny	101- commenced
Chools Island Kent Estate					
6. Principal Office Address			City	State	Zip
275 Summith			Conston	RE	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Roher PANGALOS			Contact Title		
Street Address			City	State	Zip
275 Jumn	is Dec	ne_	Crembon	N. Z.	02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Kob En Panahos			Manager Name		
Street Address			Street Address		
City, Craws Con	State	Zip 02930	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  Robital Sang Rhos  11/30/16					
Signature of Authorized Berson					
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence. Rhode Island 02904-2615

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