

Annual Report for the year: <u>OOL</u> <u>U</u> 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
0992641			INVESTMENT.	LLC.			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53							
5. State of Formation	REAL STATE						
RI.							
0.00	[			Tax :	T		
6. Principal Office Address			City PANTUCK=T-	State	Zip		
43 GROTTU AV.			[-BW/UCK=1-	RI	02860		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name P∈DRO S. URIONA			Contact Title				
Street Address 43 G7R01TO AV			City POWTUCK= T.	State /2 I	Zip 02860		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name PEDZU S. URIONIA			Manager Name				
Street Address 43 GR07TO AV			Street Address				
City PAWTUCK = T	State RI	Zip 02860	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
			Che	ck the box to indi	cate 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						
Podro S Uriona.				12-1-16			
Signature of Authorized Person							
PEDRO S. URIONA.							

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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By A 289757