

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RESERVED R.I. DEPT. OF STATE : BUS SVCO DIV

2016 DEC _ I PM 3: 29

Annual Report for the year: 2019
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					
790960	GNF EXDRES LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1 12	\cap	اسم	مسلم			
5. State of Formation	1 K2	stauv	ar 17			
5. State of Formation)	•			
<u> </u>						
6. Principal Office Address			City	State	Zip 22 QC 7	
1 Beach St			Narragan	SH KI	DUS C	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Francesca Sqrantapoulas			Contact Title OWNUR			
Street Address Beach S++			cit Navvaganse	H State P1	Zip 02882	
8. List ALL managers (námes 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						
Francesca S	04/95		12/	1110		
Signature of Authorized Person						
Grancisca Dejertaprilas						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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BY CM 289859

FORM 632 - Revised: 08/2016