

State of Rhode Island and Providence Plantations

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

2016

R.I. DEPT. OF STATE BUS SVOS DIV

2016 DEC 19 AM 10: 43

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.

F	T - " - " - " - " - " - " - " - " - " -				
1. Entity ID Number	2. Exact name of the Limited Liability Company				
849106	ANDO	rson (		ock and	Keh
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
8 [	Locksmith scruich				
5. State of Formation	TOCK! W. tr. 2000				
R1					
6. Principal Office Address			City	State	Zip
	P   V   V   //	308	Providence	e pt	02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name AVRALAM ITATAN			Contact Title		
Street Address	Plane +	1308	cityprovidend	State	Zip (290)
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name  OV NAMAM  KA TAN			Manager Name		
Street Address Would Mad \$300			Street Address		
CITY Drovid Chare.	State	0760)	City	State	Zip
Manager Name			Малаger 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	4A 7	MA		Date M	1916
Signature of Authorized Person SIGN DOCUMENT RERE					
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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 CN291076

FORM 632 - Revised: 08/2016