State of Rhode Island ar	nd Providence	Plantations				
Department of St	ate - Busir	ness Services	s Division			
Annual Report for the year:						
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>					8.1. DEPT. S.	
1. Entity ID Number	Exact name of the Limited Liability Company				The same	
314403	AFonso Prestering					
3. NAICS Code	A Fonso Prostesing  4. Brief description of the character of business conducted in Rhode Island					
23	)7					
5. State of Formation	ate of Formation					
Q±	RX Plastering					
6. Principal Office Address	<del></del>		City	State	Zip	
18 Deer run od			Brisher	RI	02809	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Dennis Afonso			Contact Title			
Street Address  / & Description of			City Brishol	State R	2ip 02809	
8. List ALL managers (names 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	
			Che	eck the box to ind	icate 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						
Dennie Afonso 12					1/16	
Signature of Authorized Person						

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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