State of Rhode Island and Providence Plantations						
Department of State - Business Services Division						
Annual Report for the year: 2016					2017	
Limited Liability Compa						
→ Filing period: September	_	1			3	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	t il lama ja n	- Lateral Print December	• 4			
Tenaity. Additional \$25.00	iee ii ioiiii is n	of filed by Decen	nder 1.			
1. Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company				
000905590	Your Errand G			: 25		
3. NAICS Code	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pr	1	Personal Errands				
5. State of Formation	İ					
Rhode Island]					
6. Principal Office Address			City	State	Zip	
2500 Boston Neck Road			Saunderstown	RI	02874	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Heather M. Paliotti			Contact Title Manager			
			· · · · · · · · · · · · · · · · · · ·			
Street Address 2500 Boston Neck Road			City Saunderstown	State RI	^{Zip} 02874	
8. List ALL managers (names an		the Limited Liabi	ility Company, IF APPLICABI	LE - DO NOT LIST M	EMBERS	
Manager Name Heather M. Paliot			Manager Name			
Street Address 2500 Boston Neck Road			Street Address			
^{City} Saunderstown	State RI	^{Zip} 02874	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>		Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan						
Under penaity of perjury, i deci statements, and that all statem	are and affirm tents contained	that I have exam I herein are true	nined this report, including and correct.	any accompanying	schedules and	
Name of Authorized Person	-					
Heather M. Paliotti					7	
Signature of Authorized Person Citable M. Fulle SIGN DOCUMENT HERE						
Cornina Milacia						

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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A.A.

FORM 632 - Revised: 08/2016