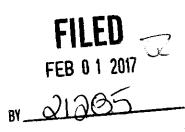
A CONTROL OF THE PARTY OF THE P	sland and Providence Plantations of State - Business Services Division	<u></u> -
Annual Report for the Limited Liability Co	***************************************	
→ Filing period: Septe	•	
→ Filing Fee: \$50.00 → Penalty: Additional \$	\$25.00 fee if form is not filed by December 1.	
Entity ID Number	2. Exact name of the Limited Liability Company	
105364	Paners I I C	

1. Entity ID Number 105364	Exact name of the Limited Liability Company Papers, L.L.C.						
3. NAICS Code 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Stationery Gift and Greeting Cards						
6. Principal Office Address			City	State	Zip		
178 Believue Avenue			Newport	RI	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Judith S. Carroll			Contact Title Owner				
Street Address 178 Bellevue Avenue			City Newport	State RI	^{Zip} 02840		
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		
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 1/24/17							
Signature of Authorized Rend Carroll MAL/17 Signature of Authorized Rend Carroll MAL/17							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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



FORM 632 - Revised: 08/2016