S	tate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00		
Division Of Business Services					
148 W. River Street					
Providence RI 02904-2615 (401) 222-3040					
(+01) 222 30+0					
Limited Liability Company					
Annual Report Filing Period: September 1 - November 1					
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR: 2016					
1. ID No. <u>000605662</u>					
2. Exact Name of the Limited Liability Company <u>REYES LLC</u>					
3. State of Formation					
State: <u>RI</u>					
	ARTICLE III				
Using the following NAICS and a places extent the and that best departition your business					
Using the following NAICS codes, please select the code that best describes your business.					
NAICS Code		6	<u>44-45</u>		
4. Brief Description of th	4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
MANAGEMENT COMPANY					
5. Principal Office Address					
No. and Street: C/O LUIS REYES					
573 MANTON AVENUE					
City or Town: <u>PRO</u>	<u>VIDENCE</u> Sta	te: <u>RI</u> Zip: <u>02909</u>	Country: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: Contact Title:					
No. and Street: 76 CLEVELAND AVENUE					
City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
Title	Individual Name	Addr	ess		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country			
MANAGER	76 CLEVELAND AVE				
		CRANSTON, R	1 02920 USA		

MANAGER	LUIS REYES	573 MANTON AVE PROVIDENCE, RI 02909 USA		
MANAGER	DIANA REYES	573 MANTON AVE PROVIDENCE, RI 02909 US		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
YGNACIO REYES 1187 WESTMINSTER STREET PROVIDENCE, RI 02909				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
 Signed this 11 Day of February, 2017 at 5:25:38 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. By LUIS REYES Signature of Authorized Person 				
Form No. 632 Revised 09/07				
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