

State of Rhode Island and Providence Plantations

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

Annual Report for the year: \_\_\_\_\_\_ 2016 **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.

<b>2017</b> FEB 13	R.I. DEPT. OF STA BUS SYCS DIV	
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1. Entity ID Number	2. Exact name of the Limited Liability Company						
000488087	4. Brief description of the character of business conducted in Rhode Island						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
48.49	moving dock to dock						
5. State of Formation	' '						
RI							
6. Principal Office Address			City	State	Zip		
217 Benefit st			Pawticket	R.J.	02361		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name			Contact Title				
Street Address 217 Benefit St			City Pawty Kot	State J	Zip 02861		
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	ck the box to indic	cate 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			<del>.</del>	Date			
				7-13-17			
Signature of Authorized Person							
Larry Oliver SIGN DOCUMENT HERE							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

FEB 13 2017

By X7 2955360