

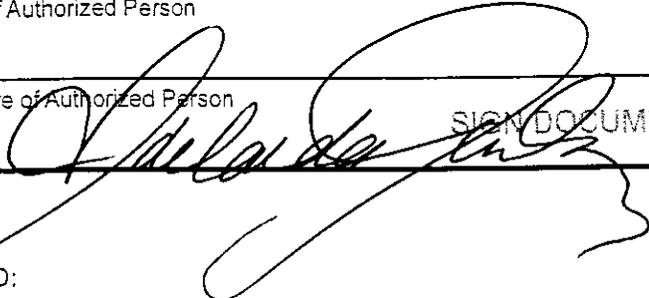


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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 BUS SVCS DIV  
 2017 FEB 27 AM 9:51

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.

1. Entity ID Number <b>970847</b>		2. Exact name of the Limited Liability Company <b>Sweetsource LLC</b>	
3. NAICS Code <b>81</b>		4. Brief description of the character of business conducted in Rhode Island <b>Physic, Tarot Reader.</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>153 Laban St</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>ADELAIDA GANACHEZ</b>		Contact Title <b>OWNER</b>	
Street Address <b>153 LABAN ST</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person			Date <b>2/27/2017</b>
Signature of Authorized Person 			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

9:54 AM  
**FILED**

FEB 27 2017

BY 296768 KM