

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015 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.

R.I. DEPT. OF STATE BUS SVCS DIV

2817 FEB 27 PM 12: 32

Entity ID Number	2. Exact name of the Limited Liability Company					
549184	Servero Multiservice Cotherel Agency Lic					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
81	Travel Bookings & services					
5. State of Formation	1 SN 18 P I	115 BH	Donney & Money Willia.			
RL	Watery Public					
6. Principal Office Address			City	State	Zip	
1936 Westminster St			Providence	RI	D29 09	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Elberty M. Suchite			Contact Title b week			
Street Address Angell Ene			Brown Providence	State R1	Zip 604 (1	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Ebelly M. Suchite			Manager Name			
Street Address Ob Avall Avluul			Street Address			
North Providence	State RT	11260 Zip D2911	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						
Eberly	M.	Suchile	_	2-27-17		
Signature of Authorized Person						
SIGNEGUMENT 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 12:33

FILED

By A 296798

FORM 632 - Revised: 08/2016