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

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

2017 FEB 27	R.J. DEPT. OF BUS SVCS		
PH 3	SS DIVED		
)TE		

1. Entity ID Number	2 5	- Cale - I toute - I I to	1-724					
1. Entity ID Number	2. Exact name	of the Limited Lia	ability Company					
100547931	Mi	USIC HO	SUSE LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
53	REAL ESTATE							
5. State of Formation			•					
RI								
6. Principal Office Address			City	State	Zip			
103 DIKE ST			PROMOTICE	29	02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name NICOLAS BAUTA	٩		Contact Title					
Street Address			CITY PROUL DENEE	State	Zip 02909			
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 ind	icate 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								
NICOLAS BAUTA 227 17								
Signature of Authorized Person								
N/Local								
Chart of the same								

MAIL TO:

Division of Business Services

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

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

FILED

3.18

FEB 2 7 2017

By 296883