_						
State of Rhode Island Department of			ces Division			
Annual Report for the Limited Liability Com → Filing period: Septemb → Filing Fee: \$50.00 → Penalty: Additional \$25.	er 1 - Novemb	er 1	cember 1.	<u></u>	R.I. DEPT. BUS SV	
1. Entity ID Number	1	`	Liability Company		8 0 S C C C C C C C C C C C C C C C C C C	
793434		as thouse		<u> </u>		
3. NAICS Code 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island Control Co					
RI		<u> </u>	City	State	Zip	
6. Principal Office Address				RI	02879	
150 WERSTER TRI	Liability Compa	ny and Name or	Title of Contact Person	1/2		
7. Mailing Address of Limited Liability Company and Name or Gontact Name CAUS K PELOSOD			Contact Title			
Street Address 152 WESSTER TRL			City WOXEFIELD	State	Zip 07879	
8. List ALL managers (name	s and addresse	s) of the Limited I	iability Company, 1F APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9 Resident Agent in Rhode I	sland. This infor	mation is currently	of record with the Department of Sta	ate. Changes require fil	ling Form 642.	
Under penalty of periury, I	declare and af	firm that I have (examined this report, includir	ng any accompanyi	ng schedules and	
Name of Authorized Person The Ottory				3/3/17		
Signature of Authorized Pers						

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 137

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By & C14402950

FORM 632 - Revised: 08/2016