

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2817 MAY 1 1 PM 12: 30

Annual Report for the year: **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	1. Entity ID Number 2. Exact name of the Limited Liability Company						
Mauzzlo HFAVRE (Searo, LLC							
NAICS Code 4. Brief description of the character of business conducted in Rhode Island							
5. State of Formation Washings and Engage in Brusiness							
5. State of Formation The State of Formation						sinen	
EL VERTILLO							
6. Principal Office Address	1		City		State	Zip	
265 Wickender St			Providen	ce	KI	02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Jacquer Willard			Contact Title Managing Member				
Street Address #24 K			City		State /	Zip 10005	
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 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 Andrew Cotton					Date		
Signature of Authorized Person							
	FILED						

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 08/2016