RI SOS Filing Number: 201743315950 Date: 5/18/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00	ıny)16 r1				
→ Penalty: Additional \$25.00	fee if form is r	not filed by Decei	mber 1.			2 11
1. Entity ID Number 2. Exact name of the Limited Liability Company 4 TON CCE						
3. NAICS Code	4. Brief descri	iption of the chara	cter of pusiness o	conducted in Rhoo	de Island	AH III
5. State of Formation		7ax	- V			5
6 Principal Office Address Belle VV	e A	e.	City Put	\mathcal{O} .	State [Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Manelik Valle 10			Contact Title Partner			
Street Addres 16 Belly	evve	Due.	city Pu	00.	State	zip 02907
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Nan	<u> </u>	– 1	Manager Name	•	· * * -	
Street Addres			Street Address	. 121		
City -	State	Zip	City		Si	Ž ,
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zìp	City		State	Zip
				Chec	k the box to indic	ate 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	Nak	elil(Volle	O	Date 5-17	2-17
Signature of Authorized Person						
	17	1)			

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

FORM 632 - Revised: 02/2017