Annual Report for the year: <u>ラッち</u> 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.

	3	·			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000 528210	Lina Family Enterprises LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53	and and lease Keel Etit				
5. State of Formation	Contract Teor				
RI					
6. Principal Office Address			City	State	Zip
3 Birchulu DK.			Cranston	R-e	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name 6+ Su turu			Contact Title Me Me		
Street Address Street Address OK.			Excoston	State	2020
8. List ALL managers (names and addresses) of the Limited Liab // Company, IF A				BLE - DO NOT LIST M	
Manager Name			naçer 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 attachmen					
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 / /					
1et 500 Ming 8/17/17					
Signature of Authorized Person					
yet son ywy SIGN DOCUMENT HERE					
97:01 HB C 1 NOC 1107					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Ambre Stand 62904 201

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

JUN 1 5 2017

A.A. 10:26 A.M