RI SOS Filing Number: 201748247030 Date: 8/7/2017 11:24:00 AM

State of Rhode Island and Providence Plantations

Department	of State - Βι	ısiness Servi	FILED		
Annual Report for t Limited Liability Co → Filing period: Septe → Filing Fee: \$50.00 → Penalty: Additional \$	mpany mber 1 - Novem	nber 1	ву	AUG 07 2017 200 3097 11:24am	R.I. DEPT. OF ST
1. Entity ID Number 109954			I Liability Company)TE
3. NAICS Code 3// 8/ 2 5. State of Formation	4. Brief de	escription of the cha	aracter of business conducted in Col-I'RL SMO		
6. Principal Office Address	1:7/1 S		City N. PROV	State /2. I	Zip 029//
7. Mailing Address of Limite	d Liability Comp	any and Name or T			
Contact Name ANTHONY LizoTTE			Contact Title		
Street Address 14 11:6/4 Service			Oity N. Pizov	State 21	= Zip 029/
8, List ALL managers (nam	es and addresse	s) of the Limited Li	ability Company, IF APPLICAB	LE - DO NOT LIST	
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 inform	nation is currently of i	record with the Department of State	e. Changes require fili	ng Form 642.
Under penalty of perjury, i statements, and that all st			amined this report, including ue and correct.	any accompanyir	ng schedules and
Name of Authorized Person ANTHONY 6,25 Th				Date 8/2/17	
Signature of Authorized Personal	son	MAN	DOCUMENT HERE		
	7 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