State of Rhode Island and Providence Plantations Department of State - Business Services Division

R.I. DEPT OF STATE BUS SVCS DIV

2017 AUG 10 PM 12: 50

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						
L875149	UPS	iDS In HAREMONLY FAMILY Home Unild CAMEL				
3. NAICS Code	4. Brief descrip	tion of the charac	cter of business conducted in Rho	de Island		
I 81		•)				
5. State of Formation		din	CARL			
J. State of Formation		MOLD	Chino			
17.7						
6. Principal Office Address			City	State	Zip	
12 Kambe Kd.			16-10cester	IKI	02857	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Jenna Mello			Contact Title			
Street Address 12 Ramble Rd			City V. Scituate	State RI	^{Zip} 02857	
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	
Mana N		L		<u> </u>		
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 Date						
Jenna Mello					10/17	
Signature of Authorized Person , / /						
Jenna Mello SIGN DOCUMENT HERE						
(/						

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

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A.A. 12151PM.

FORM 632 - Revised: 02/2017