RI SOS Filing Number: 201748742940 Date: 8/24/2017 11:39:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

2017 AUG 24 AM IT: 38

1. Entity ID Number 8572	2. Exact name of the Limited Liability Company					
1000278212	5	perry	pavial	46		
3, NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
P	REMOVAL ! INSTAILATION OF DAIRELAYS					N7S
5. State of Formation	'`					
Man RI						
6. Principal Office Address	SII GATE	ND	City	LK	State 	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Sose PH D Pery			Contact Title OVMCA			
Street Address 1890 TO!	GATE N		LANGE MARE	-164	State/? _	Zip 02886
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
		<u> </u>	<u> </u>	Che	ck the box to indi	cate an attachment
9. Resident Agent in Rhode Islan	d. This information	is currently of rec	ord with the Departm	ent of State. Cha	nges require filing F	orm 642.
Under penalty of periury, I decl	are and affirm t	hat I have exan	nined this report,			
Statements, and that all statements contained herein are true and correct. Name of Authorized Person Date 3-7-/						
Susery perm					8.4	Y-1/
Signature of Authorized Person						
SIGN DOCUMENT HERE						
					FIL FD	C
					PILEU	_

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 2 4 2017 11: 439