State of Rhode Island  Department of			vices Division	-	1	
Annual Report for the Limited Liability Comp  → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	o <b>any</b> er 1 - Nover	mber 1	December 1.		R.I. DEPT. OF S BUS SVCS [	
1. Entity ID Number 001657874	· I				<u> </u>	
3. NAICS Code  3. State of Formation  Rhode Island	4. Brief d	·	character of business conducted s	in Rhode Island		
6. Principal Office Address			City	State	Zip	
75 Bellelvue Ave			Providence	RI	02907	
7. Mailing Address of Limited L		any and Name o				
Contact Name Lucas M Rosales			Contact Title President			
Street Address 75 Bellevue Ave			City Providence	State RI	<sup>Zip</sup> <b>0290</b> 7	
	nd addresse	es) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name		•	Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to it	ndicate an attachment	
Under penalty of perjury, I dec	lare and aff	irm that I have e	of record with the Department of State examined this report, including	e. Changes require filin <b>any accom</b> panyine	g Form 642.	
statements, and that all staten Name of Authorized Person	nents conta	ined herein are	true and correct.			
Lucas M Rosales			Date 08/30/2017			
Signature of Authorized Person	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			06/30/20		

## MAIL TO:

Division of Business Services

 $148\ W.$  River Street, Providence, Rhode Island 02904-2615

Website: www.sos.ri.gov



BY Qu. 311377 COTO 1 OF SERVICE PARENT