RI SOS Filing Number: 201749225640 Date: 9/5/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

R.I. DEPT. OF STATE
BUS SVCS DIV

2017 SEP -5 AM 9: 35

→ 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	2. Exact name of the Limited Liability Company				
000139434	I ANK DRIVELLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53/190	RENE BITAGE				
5. State of Formation					
KT					
6. Principal Office Address			City LMG W	State	2ip 01865
3 ANNE DRIVE LINGU RE			21000	1	0000
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CAFA 3)A ESQ			Contact Title		
Street Address RESERVOIR AV			CityCRANSON	State R	Zip 029/0
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
				Check the box to in	dicate 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 9/5//7		
Signature of Authorized Person					

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 C

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