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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 20/ 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				
1. Eatity ID Number 876796	2. Exact hame of the Limited Liability Company HMILA LLC				
3. NAICS Code 4 Brief description of the character of business conducted in Rhode Island					
1-22/21/8	1) 11: // 15/5				
020110	Way tolk / Klad Ostate				
5. State of Formation	COMO COM INTERES				
W P	VIIVE				
6. Principal Office Address	α		City /	State	Zip
35 kinfield	Circle		Gincoln	124	02866
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Control Hamonio Hagonia			Contactifixe TVE 51 dew		
Street Address Linkeld Civile			city/ines/a	State	Z10 02 86
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	Zıp
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					
Antonio Hagoria 9-8-17					
Signature programme Person					
Macken					
V (//					

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**

SEP 08 2017

FORM 632 - Revised: 08/2016