RI SOS Filing Number: 201749533880 Date: 9/11/2017 4:00:00 PM

State of Knode Island	and Providend	ze Mantations				
Department of S	State - Bus	siness Servic	es Division			
Annual Report for the y Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.0	any r 1 - Novemb	er 1	æmber 1.	. ·	· · · · · · · · · · · · · · · · · · ·	
1. Entity ID Number		_	Liability Company			
759 105			Angell, LL	-C		
3. NAICS Code 53 0 5. State of Formation R I	+	cription of the cha	Estate			
6. Principal Office Address 203 Ange			Providen.	State RI	zip 0290 la	
7. Mailing Address of Limited Li	ability Compa	ny and Name or T	itle of Contact Person			
Contact Name	ر آ	Sacket	Contact Title			
Street Address 203 Angell St			corproviden	State RI	Zip 02906	
8. List ALL managers (names a) of the Limited Li	ability Company, IF APPLICA	ABLE - DO NOT LIST N	MEMBERS	
Manager Name	as al	ML	Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	1			Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Isla	and. This inform	ation is currently of	record with the Department of S			
Under penalty of perjury, I de statements, and that all state				ng any accompanying	schedules and	
Name of Authorized Person				Date .		

ackett

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

Signature of Authorized Person

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

1 oan

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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