State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017 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. Entity ID Number	2. Exact name of the Limited Liability Company							
001659319	LPRI LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
812990	Children's entertainment, party planning, balloon delivery, hall decorating, private							
5. State of Formation	Ibailoon delivery, hall decorating, private							
12	event services.							
6. Principal Office Address			City		State	Zip		
511 Broad St			Cumberla	nd	R١	02864		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name RUSSEII SC	Puscell Schart			Contact Title Officer				
Street Address 511 Broad St			City Cumberla	nd	State R)	Zp ひ2864		
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 n.	State	Zip +	City n.	vol	State_ J	Zip		
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City		State	Ζiφ		
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 Cate					Date			
Alexandra Scharf					aja	1/17		
Signature of Authorized Person SIGN-DOCUMENT HERE								

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

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