RI SOS Filing Number: 201749741230 Date: 9/14/2017 4:00:00 PM State of Rhode Island and Providence Plantations **Department of State - Business Services Division** Annual Report for the year: **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 LAO XTreme Varie 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 485999 5 State of Formation Trensporthou 6. Principal Office Address City State Zıp Kι Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Street Address State 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 Zıp City State Zip Manager Name Manager Name Street Address Street Address City State Zip City State Ζıρ 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

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

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