RI SOS Filing Number: 201750264230 Date: 9/22/2017 1:26:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIV

2817 SEP 22 PM 1: 24

Annual Report for the year: 2016
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 nam	ne of the Limite	ed Liability Company			
000793286	FC	lix	54. 66			
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
53/3//	31/ Real Esh			dray 5		
5. State of Formation	<u>,</u>					
Rhode I Land	<u> </u>					
6. Principal Office Address			City	State	Zip	
11 Grant St				ire RI	02908	
7. Mailing Address of Limited L	ability Compan	y and Name o			· ·-	
Contact Name Mufthle Pengin			Contact Title			
Street Address Comment St			City Provid	lence State RI	20290X	
8. List ALL managers (names a	and addresses)	of the Limited	Liability Company, IF API	PLICABLE - DO NOT LIST I	MEMBERS	
Manarrati e .			Manager Name	Manager Name		
Streat Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	John J.	1 (Ciolo		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Žip	
	_1			Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isla	and. This informa	tion is currently	of record with the Departmen	nt of State. Changes require filir	ng Form 642.	
Under penalty of perjury, I de statements, and that all state			-	ncluding any accompanyin	g schedules and	
Name of Authorized Person Muthaw Panino Date 9/22/17						
Signature of Authorized Person	2				(
				-	LEU/	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 2 2 2017 1:34

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