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2017 SEP 27 AM 9: 50

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				
791492	Ocality plastoring LC				
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
2383/0 5. State of Formation R 7	plastering				
6. Principal Office Address			City	State	Zip
817 AtwellS			Providence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Conjact Name  Gialland Cardina.			Contact Title ManageY		
Street Address			DY nordence	State R.F.	Zip 02909
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Ginuani Caldona			Manager Name Feli Cito Cardona		
Street Address 8/7 Atwel/S Ave			Street Address 29 Haxward St		
city providence	State $\mathcal{R}\mathcal{F}$	Zip 02909	ATTICHORD	State ASS	2ip 02703
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	
Grovani Cardona.					
Signeture of Authorized Person 9/27/17					

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 27 2017

BY 313450

FORM 632 - Revised: 08/2016