

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: \( \sum \sqrt{1} \)

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2017 SEP 27 PM 12: 04

1. Entity ID Number  Cactan D Lands Change  3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island  5. State of Formation  6. Principal Office Address  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  City  State  City  State  Contact Title  Street Address  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Street Address  Street Address  Street Address  Street Address		
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Manager Name Manager Name	7871	
Street Address Street Address		
City State Zip City State Zip		
Manager Name Manager Name	-	
Street Address Street Address		
City State Zip City State Zip		
Check the box to indicate an a	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 schedule statements, and that all statements contained herein are true and correct.	s and	
Name of Authorized Person  Robby A CAETANO  Date  Date	$\frac{1}{2}$	
Signaldre of Authorized Person Sold Hautano	$\cup$ $I$	

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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