(B)	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 Papers LLC					
3. NAICS Code	4. Brief des	haracter of business conducted	ın Rhode İsland	-	
53991 Stationery Gift and Gree		eting Cards			
5. State of Formation					•
Rhode Island					<u> </u>
6. Principal Office Address		 	City	State	Zıp
178 Bellevue Avenue			Newport	RI	02840
7. Mailing Address of Limit	ted Liability Compa	ny and Name o			
Contact Name Judith S. C	Carroll	 .	Contact Title Owner		
Street Address 178 Bellev	rue Avenue		City Newport	State RI	^{Zıp} 02840
8. List ALL managers (na	mes and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST ME	MBERS
Manager Name			Manager Name		
Street Address	<u></u>		Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name .		
Street Address			Street Address		
City • •	• State	Zıp	City	State 🐳	Zip
	Check the box to indi	cate an attachment			
9 'Residant Agent in Rhoo	de Island. Tras mion	nation is corrently	of record with the Department of S	tato. Chariges require filing f	orm 642.
Under penalty of perjury statements, and that all	v. I declare and af	irm that I have	examined this report, include	ing any accompanying s	schedules and
Name of Authorized Pers	Date	Date			
Judith S. Carroll				9/23/17	
Signature of Authonzed F	Person	RIT	rroll and	<u> </u>	···
Organical Contraction Lead 1	<i></i>	رساد	CASUL BEI		

MAIL TO:

Division of Business Services

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

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

FILED SEP 27 2017

FORM 632 - Revised: 08/2017

