	State of Rhode Island and Pro Office of the Secreta		ations Fee: \$	50.0
	Division Of Business 148 W. River St Providence RI 0290	reet		
HOPE	(401) 222-304			
Limited Liability Cor Annual Report Filing Period: September				
	L. 7-16-66(d), each limited liability comp hin thirty (30) days after the time presci a penalty fee of \$25.00.			
ANNUAL REPORT YEAR	R: <u>2017</u>			
1. ID No. <u>0007904</u>	<u>11</u>			
2. Exact Name of the L	imited Liability Company $\underline{FAT CA}$	TS, LLC		
3. State of Formation				
State: <u>RI</u>				
	ARTICLE III			
Enter the six digit NAICS	ARTICLE III Code that best describes the primary pre information on <u>NAICS</u> can be found		d by the entity. Downlo	ad
Enter the six digit NAICS	Code that best describes the primary		d by the entity. Downlo	ad
Enter the six digit NAICS the list of codes <u>here.</u> Mo <u>531390</u>	Code that best describes the primary	online.		
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD COHN 863 HOPE ST PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of October, 2017 at 11:42:00 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RICHARD COHN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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