

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.

NAICS Code 53110 State of Formation hode Island		•	haracter of business conducted in	n Rhode Island				
hode Island	Owning, b	uying, selling	g, pledging and dealing in it					
hode Island			Owning, buying, selling, pledging and dealing in investment opportunities.					
Denoinal Office Address								
6. Principal Office Address			City	State	Zip			
321 South Main Street, Suite 301			Providence	RI	02903			
Mailing Address of Limited Lial	bility Compan	y and Name or	Title of Contact Person					
Contact Name Steven Gorriaran		Contact Title Sole Member						
Street Address 321 South Main Street, Suite 301		City Providence	State RI	^{Zip} 02903				
List ALL managers (names an	ıd addresses)	of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS			
Manager Name		Manager Name						
Street Address		Street Address						
ity	State	Zip	City	State	Zip			
anager Name		I	Manager Name	· · · · · · · · · · · · · · · · · · ·				
Street Address			Street Address					
tty	State	Zip	City	State	Zip			
				Check the box to i	ndicate an attachment			
Resident Agent in Rhode Islan	d. This informa	tion is currently	of record with the Department of Stat	e. Changes require filir	ng Form 642.			
nder penalty of perjury, I decitatements, and that all statem			examined this report, including true and correct.	any accompanyin	g schedules and			
ame of Authorized Person				Date	1.0			
teven Gorriaran				1 9/2	8/17			
gnature of Authorized Person					V			
		S IGN	LOCUMENT HERE					

MAIL TO:

Division of Business Services

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

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

