

State of Rhode Island and Providence Plantations

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

Annual Report for the year:	2017
Limited Liability Company	<del></del>

- → Filing period. September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company					
581914	Gilmore's, LLC					
3. NAICS Code XI AMD	Brief description of the character of business conducted in Rhode Island					
81 - Other Services (except Pub	Gasoline station and convenience store					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address	<u>.                                    </u>		City	State	Zıp	
411 N. Broadway	/ay			RI	02916	
7 Mailing Address of Limited Lia	bility Compan	y and Name or Title	e of Contact Person			
Contact Name Paul M. Gilmore			Contact Title Member			
Street Address 411 N. Broadway			City Rumford	State RI	Z <sup>ıp</sup> 02916	
8 List ALL managers (names ar	nd addresses)	of the Limited Liab	olity Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS	
Manager Name	anager Name			Manager Name		
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Žip	City	State	Zip	
	L		<del></del>	Check the box to ii	ndicate 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 dec statements, and that all statem			•	ing any accompanyin	g schedules and	
Name of Authorized Person Date / /					1	
Name of Authorized Person Paul M. Gilmore  Date  Output  Date  Output  Date  Date  Output  Date  Date						
Signature of Authorizing Pengago Sign DOCL!! MENTHERE						

MAIL TO:

**Division of Business Services** 

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

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