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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

| | T | | | | | |
|---|--|--|-----------------------------------|----------------------|------------------------|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
| 106810 | ANGE | ANGELINA ENTERPRISES, LLC | | | | |
| 3. NAICS Code | 4. Brief desc | Brief description of the character of business conducted in Rhode Island | | | | |
| 531390 | TO BUY, SELL & INVEST IN REAL ESTATE | | | | | |
| 5. State of Formation | + | | | | | |
| RI | | | | | | |
| | | | To: | Lo | T-4: | |
| 6. Principal Office Address | | | City | State | Zip | |
| 172 BROADWAY | | | PROVIDENCE | RI | 02903 | |
| 7. Mailing Address of Limited Li | | y and Name or Tit | | | | |
| Contact Name KAREN ANANIA | | | Contact Title MEMBER | | | |
| Street Address 172 BROADWAY | | | City PROVIDENCE | State RI | ^{Zip} 02903 | |
| 8. List ALL managers (names a | - | of the Limited Lial | bility Company, IF APPLICABL | E - DO NOT LIST | MEMBERS | |
| Manager Name KAREN ANANIA | | | Manager Name | | | |
| Street Address 172 BROADWAY | | | Street Address | | | |
| City PROVIDENCE | State RI | ^{Zip} 02903 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| <u> </u> | | | <u>.</u> | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode Isla | ind. This informa | ition is currently of re | cord with the Department of State | Changes require fili | ng Form 642. | |
| Under penalty of perjury, I de statements, and that all state | clare and affin | m that I have exa | mined this report, including | | | |
| Name of Authorized Person | | | | Date | | |
| KAREN ANANIA | | | | | 10-7-17 | |
| Signature of Authorized Person | | | | | <u></u> | |
| | 7 | SIGN DO | OCUMENT 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 FILED

