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.

4. Falls ID Novel	To E		Selection - Occurrence		
1. Entity ID Number 106810	2. Exact name of the Limited Liability Company ANGELINA ENTERPRISES, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	TO BUY, SELL & INVEST IN REAL ESTATE				
5. State of Formation	1				
RI					
6. Principal Office Address			City	State	Zip
172 BROADWAY			PROVIDENCE	RI	02903
7. Mailing Address of Limited Li		ny 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 Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS
Manager Name KAREN ANAN	IA		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
				Check the box to	indicate an attachment
9. Resident Agent in Rhode Isla	ind. This informa	ation is currently of re	ecord with the Department of State	. Changes require filir	ng Form 642.
Under penalty of perjury, I de statements, and that all state				any accompanyin	g schedules and
Name of Authorized Person				Date	
KAREN ANANIA				(10-7-17
Signature of Authorized Person					
		SIGN D	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

OCT 1 \$ 2017

BY 1409 A.A