3	State of Rhode Island and Providence Plantations
	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

1 Entity ID Number 565925	· · · · · · · · · · · · · · · · · · ·					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
551114	Manager	Management				
5. State of Formation						
Rhode Island						
6. Principal Office Address	•		City	State	Zip	
1140 Reservoir Avenue			Cranston	RI	02920	
7. Mailing Address of Limited		any and Name o				
Contact Name Elizabeth A. F	Procaccianti		Contact Title Managing	Contact Title Managing Member		
Street Address 1140 Reserve	oir Avenue	· <u></u>	City Cranston	State RI	^{Zip} 02920	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name	•	•	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Check the box to indicate an attachme						
			of record with the Department of Sta			
Under penalty of perjury/l c statements, and that all state	leclare and aftenents conta	firm that I have ined herein are	examined this report, includire true and correct.	ng any accompanyin	ng schedules and	
Name of Avithor zero Person		Date				
Elizabeth A Procaccianti				10-13-17		
Signature of Authorized Perso		Sligh	N DOCUMENT 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 6 2017

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