STAMP

Annual Report for the year: __ Limited Liability Company

2017

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	I .	2. Exact name of the Limited Liability Company							
519254	1 DRS	JRS-LFL L.L.C.							
3. NAICS Cod€	4. Brief des	4. Brief description of the character of business conducted in Rhode Island							
451140	MUSI	Musicaf instrument sajes/service							
5. State of Formation									
R1	Inus?	music lessons							
6. Principal Office Address	1.4		City	State	Zip				
1665 HARHOND AVE SUITE 12			JUHNSTON!	[2]	02919				
7. Mailing Address of Limite	d Liability Compa	ny and Name or	Title of Contact Person						
Contact Name JOHN SKNLLK			Contact Title Preside	Contact Title president					
Street Address Load 53 Pornbeam Road			City Coverday	State 2/	Zip 02916				
8. List ALL managers (nam	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name			Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
Manager Name			Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
				Check the box to it	ndicate an attachment				
9. Resident Agent in Rhode	Island. This inform	nation is currently o	of record with the Department of State.	. Changes require filin	g Form 642.				
Under penalty of perjury, statements, and that all si			examined this report, including a true and correct.	eny accompanyin	g schedules and				
Name of Authorized Person)			Date					
JOIN SOENGE				10-	13-17				
Signature of Authorized Person									
Jam so	SIGN DOCUMENT HERE								
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MAIL TO:

Division of Business Services

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

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

OCT 18 2017

FORM 632 - Revised: 08/2017