http://sos.ri.gov/assets/downloads/documents//632-limited-liability9**ុង៤រ/ជាក្រា**-rep

STALIP

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

| Annual Report for the y | ear: 20 | 17 | | | |
|---|--|-----------------------|---|----------------------|---------------|
| Limited Liability Compa | | | | | |
| → Filing period: September | 1 - November 1 | | | | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | lae il lam is aa | s filed by Denem | shar 1 | | |
| -y menanty. Additional \$25 oc | TIES II KUIII IS IIO | Cilied by Decem | | | |
| 1 Entity ID Number | 2 Exact name of the Limited Liability Company | | | | |
| 001667502 | ANCHOR ARTE ANTIQUES LLC | | | | |
| 3 NAICS Code | 4. Bnef description of the character of business conducted in Rhode Island | | | | |
| 453220 | Purchase and sale or art, antiques, collectibles, | | | | |
| 5 State of Formation | NOVELTIES, GIFTS AND SOUVENIRS | | | | |
| RI | | | | | |
| 6 Principal Office Address | | | City | State | Zip |
| 316 WARWICK AVENUE | | | WARWICK | ほ上 | 68820 |
| 7 Mailing Address of Limited Lie | bility Company a | nd Name or Title | of Contact Person | | |
| Contact Name LAMÉS MARTIN | | | Contact Title MCMBE2 | | |
| Stront Address | | | <u> </u> | State _ | Zip a C C |
| 316 WALWICK AVENUE | | | CH WARWICK | RI | 02889 |
| 8 List ALL managers (names a | nd addresses) of | the Limited Liabi | · · | E - DO NOT LIST N | EMBERS |
| Manager Nume | | | Manager Name | | |
| Street Address | | | Sireet Address | | |
| Crty | State | Zφ | City | State | Zφ |
| Managor Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zφ |
| | 1 | <u> </u> | Check the box to indicate an attachment | | |
| 9 Resident Agent in Rhode Isla | nd. This information | n is currently of rec | ord with the Department of State | Changes require film | g Form 642 |
| Under penalty of perjury, I de statements, and that all states | | | | any accompanying | schedules and |
| Name of Authorized Person | | | | Date | |
| JAMES MART | IU, MEMI | BEL | | Octob | ER 1, 2017 |
| Signature of Authonzed Person | | | | | |
| Ami | <u>~~</u> | SIGN DO | CUMENT HERE | | <u>.</u> |
| | • | | | | |
| MAIL TO: | | | | | |
| Division of Business Services | Dhada Islaad 60 | 004.0645 | [≥ca e | 'D | |
| 148 W. River Street, Providence, Phone: (401) 222-3040 | random Island 02 | 8U4-2013 | | 1.3 | |
| Website: www.sos.ri.gov | | | u . '' | . 7 | |

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FORM 632 - Revised: 08/2017