<b>G</b> ss <sup>s</sup>	tate of Rhode Isl			_
	Office of	and and Prov f the Secretar		tions Fee: \$50
	1	ion Of Business 48 W. River Str idence RI 02904 (401) 222-304	reet 4-2615	
HOPE		(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L. to file its annual report withi 16-66(b&c)) is subject to a p	n thirty (30) days afte	r the time prescri		
ANNUAL REPORT YEAR:	2017			
1. ID No. <u>000144496</u>				
2. Exact Name of the Lir	nited Liability Com	pany <u>MORE S</u>	PRING LLC	
3. State of Formation				
State: <u>RI</u>				
		ARTICLE III		
Enter the six digit NAICS C the list of codes <u>here.</u> More <u>721191</u>				by the entity. Download
A Brief Description of the			ic Actually Condu	
4. Brief Description of the			is Actually Colluc	
RENTAL OF GUEST R	<u>OOMS</u>			
5. Principal Office Addres	SS			
	<u>KAY STREET</u> EWPORT	State: <u>RI</u>	Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Comp	bany and Name	or Title of Contac	t Person:
	<u>PRING</u> Contact Title: KAY STREET	OWNER		
		State: RI	Zip: 02840	Country: USA
No. and Street: 291	<u>WPORT</u>		<u>=.p: <u>=== :</u></u>	
No. and Street: 29	Each Manager of th		·	
No. and Street:29 ICity or Town:NEV7. Name and Address of	Each Manager of th	ne Limited Liabi	lity Company, if A	

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## MARK SPRING 29 KAY STREET NEWPORT, RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 24 Day of October, 2017 at 2:45:13 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By MARK SPRING

Signature of Authorized Person

Form No. 632 Revised 09/07

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