(NII)
430

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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.

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1. Entity ID Number <b>796133</b>	2. Exact name of the Limited Liability Company  Deb's Leasing, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
532412	Truck leasing					
5. State of Formation	1					
RI						
6. Principal Office Address		City	State	Zıp		
41 Broad Street			Warren	RI	02885	
7. Mailing Address of Limited Lia	bility Company	and Name or Title		<u> </u>	<u> </u>	-
Contact Name Deborah DaSilva			Contact Title Member			
Street Address 41 Broad Street			City Warren	State RI	<sup>2</sup> 02885	
8. List ALL managers (names ar	nd addresses)	of the Limited Liabi		CABLE - DO NOT L	IST MEMBERS	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	I,			Check the box	x to indicate an attachmer	nt 🔲
9. Resident Agent in Rhode Islan	nd. This informat	ion is currently of rec	ord with the Department of	State. Changes requir	re filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ding any accompa	nying schedules and	•
Name of Authorized Person				Date		
Deborah DaSilva, Member				,	10-22-17	
Signature of Authorized Person		SIGN <del>DG</del>	CLZENATIONE			

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 08/2017