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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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	2. Exact name of the Limited Liability Company							
16500	SACULO TURAT, L.L. C.							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
531190								
5. State of Formation	,				— .			
L.I.	F	told Mi	91	ESTATE FOR	IMEST	MENT		
6. Principal Office Address	, , , , , , , , , , , , , , , , , , ,				State	Zip		
11.00 PAPK ANOVUE				GUINSTEN	14	02710		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name PAND SA LULO			Contact Title					
Street Address 1150 PANK AVENUE			City	GUANSTEN	State NF	Zip 029/0		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
Manager Name	anager Name							
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
Check the box to indicate an attachment								
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.								
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.								
Name of Authorized Person DAND SALULO, MEMBER Date 1/31/17								
Signature of Authorized Person Member L.L. C.								

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

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