RI SOS Filing Number: 201752649620 Date: 10/31/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE STAMP BUS SVOS DIV

2017 OCT 31 PM 2: 27

	441.0								
	58.5	4,6	٠.,٠.	\mathcal{P}_{i}	514	1			
,				*	ŕ				

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.

1. Entity ID Number	··· - · - · - · -								
116005	2. Exact name of the Limited Liability Company The Agency Paiva, LLC								
3. NAICS Code 524210	4. Brief description of the character of business conducted in Rhode Island								
-	Insurance & Real Estate Sales								
5. State of Formation									
Rhode Island									
6. Principal Office Address	•		City	State	Zip				
194 Warren Avenue, P. O. Box	14340		East Providence	RI	02914				
7. Mailing Address of Limited Lia	bility Company	and Name or Titl							
Contact Name Joseph E. Paiva			Contact Title Member						
Street Address 194 Warren Aven	iue		City East Providence	State RI	^{Zip} 02914				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS									
Manager Name Joseph E. Paiva	a		Manager Name						
Street Address 194 Warren Ave	nue		Street Address						
City East Providence	State RI	^{Zip} 02914	City	State	Zip				
Manager Name	•		Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zıp				
	1			Check the box to in	ndicate an attachment				
9. Resident Agent in Rhode Islan	nd. This informat	ion is currently of re	cord with the Department of State.	Changes require film	g 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				Date					
Joseph E. Paiva // // // // // // // // // // // // //									
Signature of Atthorized Person SIGN DOCUMENT HERE									
									

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**

OCT 3 1 2017

1 316380

FORM 632 - Revised: 08/2016