RI SOS Filing Number: 201753017950 Date: 11/3/2017 10:46:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: <u>2016</u> **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 9 365 39	2. Exact name	of the Limited Lia	nbility Company NE STRVICES	RI LL	<u></u>
3. NAICS Code 483212	4. Brief descrip	tion of the charac	ater of business conducted in Rho	de Island ERVIA	=S
5. State of Formation	Chri	·			
6. Principal Office Address	を#226	City	State K	^{Zip} 02 3 40	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JESSE BRETT			Contact Title FOUNDER		
Street Address 70 BEZ	LEVUEA	VE #22b	City NEWPORT	State	zip0 2840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS =					
Manager Name			Manager Name		T TO THE TOTAL THE TANK THE TA
Street Address			Street Address		
City	State	Zip	City	State	A STORED
Manager Name			Manager Name 5. < T		
Street Address			Street Address		
City	State	Zip	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	SSE BY	RETT	Date 9-25-2017		
Signature of Authorized Person					
MAIL TO:					
MAIL TO: 101 EN					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 1

FORM 632 - Revised: 08/2017