RI SOS Filing Number: 201753018100 Date: 11/3/2017 10:45:00 AM



State of Rhode Island and Providence Plantations

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

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island  5. State of Formation  4. Brief description of the character of business conducted in Rhode Island  5. State of Formation	
<u>KI</u>	
6. Principal Office Address  2 TO BELLEVILE AVE #206 City NEWPORT State RI Zip	03840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person .	
Contact Name JESSE BRETT Contact Title FOUNDER	
Street Address 270 BELLEVUE AVE #20 City NEWPORT State R1 Zip C	2840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBER	\$ <u></u>
Manager Name Manager Name	
Street Address Street Address	0-7-5 6-9-5
City State Zip City State Zip	STA S DIV
Manager Name Manager Name	H
Street Address Street Address	• •
City State Zip City State Zip	
Check the box to indicate a	n attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 64	
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedu statements, and that all statements contained herein are true and correct.	
Name of Authorized Person  JESSE BRETT  Date  9-25-	2017
Signature of Authorized Person  One of Autho	71-0

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 10.45 FILED

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BY 3/6.843