

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2015

→ 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						
000795249	RAYMOND ST. UC.						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	REAL ESTATE ACQUISITION, SALE + MAG.						
5. State of Formation] ′						
KI							
6. Principal Office Address	_		City	State	Zip		
P.O. BOX 19644			TROV	PI	02940		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MATT H	FW PENNIND Contact Title OWNER						
Street Address P.O. 60x			City PPDV.	State	2ip 02940		
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	.iD	City	State	Zip		
Manager Name	me Manager Name						
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 JACKIE ALJANEZ PROP. MG.							
Signature of Authorized Person							

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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BY 2036378 A.A.3'. 25 P.M.

FORM 632 - Revised: 08/2017