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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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→ 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					
1445949	24 Cluden CCC					
3. NAICS Code 53/1/0	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation R. Z.	Ria	Está	te			
6. Principal Office Address			City	State	Zip	
24 Unden St.			PROVIE (NE	121	02507	
7. Mailing Address of Limited Lia	bility Compa	ny and Name o	r Title of Contact Person			
Contact Name Al Fred BAS			Contact Title OWNER			
Street Address 24 Center St			City PROV den	State /	2ip 02907	
8. List ALL managers (names a	nd addresses) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	-		Manager Name			
Street Address			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 dec statements, and that all states	lare and affi nents contai	irm that i have ined herein are	examined this report, including true and correct.	g any accompanyi	ng schedules and	
Name of Authorized Person Alfred M. BASS JR Date 11/16/17						
Signature of Authorized Person	alpe	0 M	Bu			
U			7	FILE		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 1 6 2017

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