RI SOS Filing Number: 201753552730 Date: 11/17/2017 4:00:00 PM



A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2017

LIMITED LIABI Filing Period: Septemb THIS REPORT MUST B	er 1 - November	1 • Filing Fee:	AL REPORT FOR \$50.00 n black ink	THE YEAR_	2017	
1. ID No. 2. Ex	act name of the limited lid Centerville Road,	bility company				
3. State of Formation			ness which is actually conducted in	Rbode Island	<u>. </u>	
Rhode Island	Law Firm	541116				
5. Principal office address 469 Centerville Road, Suite 206		City Warwick	State RI	Zip 02886		
			I .	CT PERSON:	· · · · · · · · · · · · · · · · · · ·	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND A Contact Name Steven B. Merolla			Contact Tule Manager			
Street Address 469 Centerville Road, Suite 206			<i>City</i> Warwick	State RI	<i>Zip</i> 02886	
ANY MO	FILL IN SPAC	ES BEFORE USING	LIABILITY COMPANY, IF A ATTACHMENTS ("X" BOX ES FILING OF AMENDMEN Manager Name	(FOR ATTACHMENT)		
Manager Name Steven B. Merolla			Manager Hame	manager rame		
Steven B. Merolia				Street Address		
469 Centerville Road, Suite 206						
City Warwick	State RI	<i>Zip</i> 02886	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zíp	
8. RESIDENT AGENT IN 1 Agent Name	RHODE ISLAND - D	O NOT ALTER - Ch	anges require filing of Fo	rm 642 - R.I.G.L. 7-16	i-11	
Address			City		Zip	
FILE NOV 17 BY 1703	2017 YM	st be executed by an	authorized person pursuant	10 R.I.G.L. 7-16-66 (b)	L	
1 5	6 9 4 9		including any a	companying schedules ar	firm that I have examined this repor	
File Date			contained herei	n are true and correct	10-25-1)	
Check No.		_	Signature of Audi	orized Person	Date	
<i>By</i> :			Steven B. Merolla			
FOR SECRETARY OF STATE USE ONLY			Print or Type No	Print or Type Name of Authorized Person		