

R.I. DEPT. OF STATE BUS SVCS DIV

Annual Report for the year: 2017 Amended. 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	2. Exact name of the Limited Liability Company				
1060000	Murietta Lal				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531110					
5. State of Formation	(a)) · b / 1				
KI	Keal astate				
6. Principal Office Address 198 Warryaton St			Providence	State	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Controller Sandiford			Contact Title manager		
Street Address, Warrington St.			cirprovidence	State	zio 2907
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Brente Sandiford			Manager Name Jundrea Collins		
Street Address Wour unation St			Street Address Warrington St.		
Providence	State	^{zi} 02907	"Providence	STORIZ	zip 2907
Manager Name			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 Date 1/20/17					
Signature of Authorized Person					

FILED

MAIL TO:

Division of Business Services

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

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