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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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Annual Report for the year: 2017 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				
141875	THE FERSINAND MONDERARNT LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	A				
5. State of Formation	REAL ESTATE SERVICES				
RI					
6. Principal Office Address			City	State	Zip
			Cungresno	PI	02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LOYD FARDINAND			Contact Title		
Street Address 13 HUNT STRAKT			CUMBRRUND	State K	Zip 02864
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LLUYO FREDINAND			Manager Name		
Street Address 73 DORMAN AUL  City NORTH PROVIDENCE State Zip 62504			Street Address		
MORTH PROVIDENCE	State (L)	Zip 6 2504	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Che	ck the box to indi	cate 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	
LLOMB FREDINAND				11-22-2017	
Signature of Authorized Person					
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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 318127 KM