State of Rhode Island a	nd Providence Plantations				
Department of State - Business Services Division					
HOPE					
Annual Report for the year: 2014					
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					
000562295	A DVCS bu	CK Brade	zer. L	LC SAK	
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhoo	de Island	= 520	
454110	154110 Dog n Notice 1 1 1 1 2 2 3 7				
5. State of Formation Design, Rebuil, wholesalo.					
21	_			· ·	
6. Principal Office Address		City ,	State	Zip	
7 Merson Ro	A	Neupar	PI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Cit	2	Contact Title Ou NOK			
Street Address	<del></del>	City N 1 2 C		Zip (2) 91 (2)	
Street Address > MevA	on Rd	"Neupar	State P1	402840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Camilla Bradley Manager Name					
Street Address Mexico	on Rd	Street Address			
Cinverport	State Zio 2840	City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City	State Zip	City	State	Zip	
	<u> </u>	Chec	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	1.0	
Camilla bradley			(() ()	<u> </u>	
Signature of Authorized Person		· V.	1	1	
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11:30 FILED					
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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

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