



## Annual Report for the year: \( \sum \subset \subset \subset \) 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 Event rame of	the Limited Lie	hills Comment		
<u> </u>	2. Exact name of the Limited Liability Company				
118,118	<u> </u>	o York	Avenue ILC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
337310					
5. State of Formation	Sec.V	Earles	se Holding		
Rhide Island	Wear	C.34~	2		
6. Principal Office Address			City	State	Zip
311 Page Blue			Springlield	MS	01104
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael Unick			Contact Title Mcnager		
Street Address 311 Pare BIJE			City Sprinsfield	State	Zip CI10Y
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name  Rosald Ecknes  Michael Vinick					
Street Address			Street Address  311 Page Blue		
City SAILS		0110°√	city SONY	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>		Ch	eck the box to in	ndicate 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	<del></del>
Michael Unick				13.1.	17
Signature of Authorized Person					
-d.U)	11				
FNED					

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 0 5 2017