

State of Rhode Island and Providence Plantations **Department of State - Business Services Division**  RECEIVED SECRETARY OF STATE

2017 DEC -6 PM 2: 34

Annual Report for the year: **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					
1659934	LOVE	Home	2 Solutions	UC	į	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541191	r.1: a	Nouco	C			
5. State of Formation	Php	House	>		į	
NV						
6. Principal Office Address			City	State	Zip	
73 Dorman ave			North Providina	82	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name			Contact Title			
Street Address			city	State	Zip	
3 Damas Que			N. Drovence	QT.	02904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Claudina Pereira						
Street Address 73 Dormon CNC			Street Address			
City	State	Zip	City	State	Zip	
N. Drovisona	RC.	02704				
Manager Name COOD Ferdnand			Manager Name			
Street Address 73 Darman Ove			Street Address			
City N. Drillidon Ce	State	zip 02904	City	State	Zip	
			Ch	eck the box to it	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	Date	
Claudra Revers				12.	12.6.17	
Signature of Authorized Person						

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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