RI SOS Filing Number: 201755232900 Date: 12/20/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the Limited Liability Co  → Filing period: Septer  → Filing Fee: \$50.00  → Penalty: Additional \$	mpany mber 1 - Novembo	er 1	ecember 1.			
4. Estiv. ID Number	2 Evact nar	ne of the Limite	d Liability Company	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
1. Entity ID Number	2. Exact hai	2. Exact name of the Limited Liability Company				
162259	- tou	4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code	4. Brief desc	4. Direct description of the character of business conducted in three sections.				
18 1910						
5. State of Formation			0			
RI	1 thish	ing Ch	artek		<del></del>	
6. Principal Office Address			City	State	Zip	
197 Sandy Lane			Warwick	2   <u>RI</u>	Da889	
7. Mailing Address of Limit	ted Liability Compa	ny and Name or	Title of Contact Person			
Contact Name Sprengel			Contact Title	1		
Street Address			City	State RII	E2889	
8. List ALL managers (na	thes and addresses	) of the Limited.	Liability Company, IF APPLI	CABLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachme	
9. Resident Agent in Rho	de Island. This inforr	nation is currently	of record with the Department of	of State. Changes require filin	ng Form 642.	
Under penalty of perjur statements, and that all	v. I declare and aff	irm that I have	examined this report, incli	uding any accompanyin	g schedules and	
Name of Authorized Pers				Date		
TOCY	Sorn	apl		12/13	17-	
Signature of Authorized F	Person 7	3.IG	N POQUMENT HERE	,		
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MAIL TO:

Division of Business Services

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

Pinone: (401) 222-3040 Website: www.sos.ri.gov DEC 2 0 2017

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