RI SOS Filing Number: 201856188340 Date: 1/16/2018 4:00:00 PM

State of Rhode Island a	ind Providence I	Plantations			
Department of State - Business Services Division					
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 1. Entity ID Number 12585 3. NAICS Code	1 - November fee if form is n 2. Exact name	oot filed by December of the Limited Lia			SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF SECRETARY
531390 5. State of Formation R. T.	IGNE HOLEINE COMPANY				
6. Principal Office Address 75 kcwao 1	DRIVE		City /tone	State R_L	0283)
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DAVID ECIL	cksen		Contact Title Men bei		
Street Address 7 Sharwaso Orice			City Itune	State	Zip 0 783/
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	Stale	Zip	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 Name of Authorized Person Name of Authorized Person				Date []	6/18
Signature of Authorized Person					
Signature of Authorized Person Signature of Authorized Person Mon D-mcm by					

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**

JAN 16 2018

BY 637