RI SOS Filing Number: 201856790200 Date: 1/25/2018 1:14:00 PM

State of Rhode Island and Providence Plantations **Department of State - Business Services Division** STAMP amendad Annual Report for the year: Q**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 4. Brief description of the character of business conducted in Rhode Island Export-Ampo 5. State of Formation City XDONSOCKE 6 Principal Office Address 02845 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Michael MAZO Street Address ZIP 02 845 Manager Name Street Address Street Address Zip 102895 City State Zip Check the box to indicate 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. Date

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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FORM 632 - Revised: 08/2016

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 25, 2018 01:14 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

