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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 JAN 25 PH 1: 09

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.

Entity ID Number	2. Exact name of the Limited Liability Company					
1163293	thanis that Dinas I LC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	Dead Colons					
5. State of Formation	Real ESTAte					
VI .						
6. Principal Office Address			City	State	Zip	
54 KED HAWK DEINC			10000 Detroit	Kul	02921	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Oin i to O	SLII	9 KOS	Contact Title VWYLL			
Street Address 710 +	taw L	Deive	City (12 QUISTUR)	WII.	82921	
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	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	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.						
Name of Authorized Person Date						
1125/2018					3018	
Signature of Authorized Person						
	FILED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

JAN 2 5 2018

FORM 632 - Revised: 08/2016