State of Rhode Island and Providence Plantations **Department of State - Business Services Division** Annual Report for the year: **Limited Liability Company** → Filing period: September 1 - November 1 → Filing Fee: 100.00 → 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 1) rywall 5. State of Formation 6. Principal Office Address City State 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Juner Street Address State 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 State Zip City Manager Name Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachment 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 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

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 29, 2018 09:45 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

