RI SOS Filing Number: 201856981860 Date: 1/29/2018 4:00:00 PM

State of Rhode Islan	nd and Providenc	e Plantations		-		
Department of			ces Division			
nnual Report for th					STAMP	
Limited Liability Company					FOR STOPPLIARY OF STAFF	
→ Filing period: September 1 - November 1						
→ Filing Fee: \$50.00 → Penalty: Additional \$2	E OO foo if form is	not filed by De	ocombar 1	_	A PART	
Penaity. Additional \$2:	9.00 lee ii loifii k	s not med by be	scember 1.		29	
1. Entity ID Number		2. Exact name of the Limited Liability Company				
001049057	MIX R	MIX REALTY MANAGEMENT LLC				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island REALTY MANAGEMENT				
531120	REALTY M					
5. State of Formation						
Ri						
6. Principal Office Address			City	State	Zip	
32 HARBOUR TERRACE			CRANSTON	RI	02905	
7. Mailing Address of Limited	d Liability Compa	ny and Name or			<u> </u>	
Contact Name ANGKANA SHEER Contact Title MEMBER						
Street Address 32 HARBOUR TERRACE			City CRANSTON	State RI	Zip 02905	
8. List ALL managers (name	es and addresses	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
· 		L		Check the box to	indicate an attachment	
			of record with the Department of Sta			
Under penalty of perjury, statements, and that all si	l declare and aff	īrm that I have ined herein are	examined this report, including true and correct.	ng any accompanyin	ng schedules and	
Name of Authorized Person				Date	1	
ANGKANA SHEER				1 112	-118	
Signature of Authorized Per	rson	<u> </u>		1		
		SIG	N DOCUMENT HERE			
		SIG	N DOCUMENT HERE			

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 29 2018

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FORM 632 - Revised: 10/2017