

SECRETARY OF STATE
CORPORATIONS DIV
2010 FEB - I AM 8: 52

Annual Report for the year:

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1		,						
	1. Entity ID Number	2. Exact name of the Limited Liability Company						
i	1044553	LOJ YKOPERTIPS LLL						
Ì	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
	531110	Rea	il ESt	Atc (. DURCHAIR SALES			
	5. State of Formation	of Formation						
	RI Rental and management							
v	6. Principal Office Address	,		City		State	Zip	
	35 Intervale Ave			Enst	Ho VI done	RJ	02914	
	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
	Contact Name ELAN ST JOHN			Contact Title MANAGER				
	reet Address Friterija ka Ave				Provider	State RI	Zip 02414	
	8, List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBER							
/	Anager Name LELAN ST JUAN Street Address Typervale Ava			Manager Name				
				Street Address				
	Enst Providence	State R.Z.	ZIP 0 2914	City		State	Zip	
	Manager Name Street Address			Manager Name				
				Street Address				
	City	State	Zıp	City		State	Zip	
	Check the box to indicate an attachmen 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.							
ı	Name of Authorized Person LE LAIN ST JOHN Date Date							
- 1								
	Signature of Authorized Person							
	Sellan it Ithin							

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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