RI SOS Filing Number: 201858458270 Date: 2/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division					FEB FEB
Annual Report for the y Limited Liability Compa  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	any 1 - Novem		ecember 1.		ECEIVED BATIONS DIVE
1. Entity ID Number	2. Exact n	^ Cl	d Liability Company		
3. NAICS Code 5320  5. State of Formation	4. Brief description of the character of business conducted in Rhode Island  business Set up but never started				
6. Principal Office Address 19 Salem Wenue			Cranston	State	<sup>Zip</sup> 02920
7. Mailing Address of Limited Lia			· •		
CARMELC CARMELC	) Cor	rente	Contact Title		
Street Address 19 SAIEM Avenue			city Cransto	ハ State R工	zip02920
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLIC	CABLE - DO NOT LIST M	EMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
				Check the box to in	dicate an attachment
<ol><li>Resident Agent in Rhode Isla</li></ol>					
Under penalty of perjury, I dec statements, and that all stater				ding any accompanying	schedules and
Name of Authorized Person  OYMOO CONCIPE  21418					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:47 Am

BY 324472