

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAMP

Annual Report for the year: 2017 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						
488376 4 LOBUONO CO, CLC						
NAICS Code     4. Brief description of the character of business conducted in Rhode Island						
5. State of Formation  P. 1						
6. Principal Office Address	<u> </u>	<del></del>	les.	T., .	1	
P.O. BOX 100704			CUPASTON	State /	2ip 02910	
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person	<u>L </u>		
Contact Name  (NCON)	20 /6	Been	Contact Title  DUES TCL	Contact Title  Dues cleat.		
Street Address 1007004			City coans toly	State 2	2ip 02910	
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  2-21-18						
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 **FILED** 

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ву Орф 325006