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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.

|   |   | <del></del>                    |  |                     |                       |  |
|---|---|--------------------------------|--|---------------------|-----------------------|--|
| Entity ID Number  | 2. Exact name of the Limited Liability Company                              |                                |  |                     |                       |  |
| 1668906   | Four Angels Trading, LLC  |                                |  |                     |                       |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                                |  |                     |                       |  |
| 42 - Wholesale Trade  | Import/Export   |                                |  |                     |                       |  |
| 5. State of Formation   | 420   |                                |  |                     |                       |  |
| RI  | 40100   |                                |  |                     |                       |  |
| 6. Principal Office Address   |   |                                | City   | State               | Zip                   |  |
| 1163 Putnam Pike  |   |                                | Chepachet  | RI                  | 02814                 |  |
| 7. Mailing Address of Limited Lia   | bility Compa  | ny and Name o                  | r Title of Contact Person                        | <del>\ \ .</del>    | <u></u>               |  |
| Contact Name Elie Sleiman   |   |                                | Contact Title Sole Member                        |                     |                       |  |
| Street Address 1163 Putnam Pike   |   |                                | Cily Chepachet                                   | State RI            | <sup>Zip</sup> 02814  |  |
| 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   | Zıp                            | City   | State               | Zip                   |  |
| Manager Name  |   | •                              | Manager Name                                     |                     |                       |  |
| Street Address  |   |                                | Street Address                                   |                     |                       |  |
| City  | State   | Zıp                            | City   | State               | Zıp                   |  |
|   |   | •                              |  | Check the box to in | ndicate 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 dec<br>statements, and that all staten  | lare and affi<br>nents contain  | rm that I have oned herein are | examined this report, includin true and correct. | g any accompanying  | schedules and         |  |
| Name of Authorized Person   |   |                                |  | Date                | Date                  |  |
| Raymond F. Bruzzese   |   |                                |  | 02/22/2018          |                       |  |
| Signature of Authoriz Herson  | -12   | SIGN                           | DOCUMENT HERE                                    |                     |                       |  |
| - · · · · · · · · · · · · · · · · · · ·   | <del></del>   |                                |  |                     |                       |  |

MAIL TO:

**Division of Business Services** 

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BY 359609