RI SOS Filing Number: 201867578480 Date: 5/29/2018 4:00:00 PM

RECEIVED SECRETARY OF STATE CORPORATIONS DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: **Limited Liability Company** 

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by D

-77 enaity. Additional \$25.						
1. Entity ID Number			d Liability Company			
954274	TON	VC Ro.	undering 11C			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
234118	Rat	h Kit	Lung- Pointing etc.			
5. State of Formation			- E	<i>C</i>	•	
<u> </u>						
6. Principal Office Address		<del></del>	City	State	Zip	
32 W. Haut	ST		Central Falls	RI	02863	
7. Mailing Address of Limited	Liability Compa	iny and Name or	Title of Contact Person	1 16 1	Juliu.	
Contact Name TONY MARTINE 2.			Contact Title OWNES	Contact Title		
Street Address 52 W. Hunt St.			Central Falls	State R 7	Zip 02863	
8. List ALL managers (names	and addresses	s) of the Limited	Liability Company, IF APPLICABLE -	DO NOT LIST N	// MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Ct	neck the box to it	ndicate an attachment	
9. Resident Agent in Rhode Is	sland. This inform	nation is currently	of record with the Department of State. Ch	nanges require filin	ng Form 642.	
Under penalty of perjury, i c statements, and that all sta	declare and aff	firm that I have i	examined this report, including an	y accompanyin	g schedules and	
Name of Authorized Person				Date		
TONY MAR	2		05-29	9-2018		
Signature of Authorized Perso			FILED			
<del></del>	<del>-</del>	<del></del>	MAY 9 0 2018			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY\_Cu\_331443