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Department	of State - Bus	siness Servi	ices Division		0.5	
221					III S	
Annual Report for the year: 2018					EVAR.	
					PER	
Imited Liability Co			,		3. 35.20 3. 35.20	
→ Filing period: Septer→ Filing Fee: \$50.00	nber 1 - Novemb	per 1			المراجات	
→ Penalty: Additional \$3	25.00 fee if form i	s not filed by De	ecember 1.			
					0:0 01 2.15 7.15	
1. Entity ID Number	2. Exact na	me of the Limite	d Liability Company		O VIE	
001665339	30	4 Saul	lago Enter D	rises LL	_	
3. NAICS Code	4. Brief des	Jay Sautiago Enter Prises LLC 4. Brief description of the character of business conducted in Rhode Island				
531390	20					
5. State of Formation	- he	al Estat	te.			
K.I	ĺ					
6. Principal Office Address		-	City	State	Zip	
9 weetange	_	•	13r,5+01	R.I	02809	
7. Mailing Address of Limite			Title of Contact Person		·	
Contact Name			Contact Title			
Jarvis 3	autiago		<u> </u>	res		
Street Address G week	moe Fasi	~D1	city Bristol	State 1- I	Zip 02804	
			Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name	- <u>-</u> -		Manager Name			
Street Address		<u> </u>	Street Address			
			Sheet Wooless		•	
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
			Sueet Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhod	e Island, This infor	nation is currently	of record with the Department of St			
Under penalty of perjury,	, I declare and aff	firm that I have	examined this report, including	ng any accompanyi	ng schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Person				Date		
Jarvis Sautiago				5/30/18		
Signature of Authorized Pe	esson /		· · · · · · · · · · · · · · · · · · ·		100(10	
Julant	ul	>				
				En		
FILED						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 3 0 2018

BY XC25822982