RI SOS Filing Number: 201868602940 Date: 6/5/2018 2:32:00 PM

State of Rhode Island	I and Providence	Plantations		_	
Department of			es Division		_
Annual Report for the year: 2017					85.444
Limited Liability Company					86
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					FCB COR
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					PETAR PORA PORA
1. Entity ID Number	l	eriae (Looring	_	3×01 8 ±0 × 8 ±0 × 93×1
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
HI noring Till					
5. State of Formation	, ,	7 m 7	_, \(\delta \)		
6. Principal Office Address			Tax		<u> </u>
		10000	City	State	Zip Q Q Z I
7. Mailing Address of Limited L	iability Company	and Name or Titl	le of Contact Person	1147	DIMBH
Contact Name Cox C	hohin	Q	Contact Title		
Street Address	and hil	J 1201	Curber Pond	State 2 T	Zip 2 861
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	St .	بر.،	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		·
City	State	Zıp	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 HALEX OLD GVUS Chanine 6-5-18					
Signature of Authorized Person BICA GOCUMENT BERG					
MAIL TO: FILED					
CO NI					
148 W. River Street, Providence Phone: (401) 222-3040	, Rhode Island 0	02904-26 15N 0 5	ZOIO O DO BI	11-	
Website: www.sos.ri.gov		BY	3700	03 11-	