State of Rhode Island and Providence Plantations Department of State - Business Services Division					SECRE CORP 2018 JU
Annual Report for the year: 2016. Limited Liability Company					RECEL MARY ORATI
 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 					VED OF SI ONS D
December 1.					30 30
1. Entity ID Number 2. Exact name of the Limited Liability Company Imperial Glooving, / / C					
3. NAICS Code 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island Flooring (Tipe)					
6. Principal Office Address	nia el V	in on Ou	City	State	Zip D 9 O 1 1
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Chohine			Contact Title		
Street Address Diamond Will Rd			curber lud	State QT	Zip 2 8/24
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name A			Manager Name		
Street Address			Street Address		
City	St .	٠ - جوء	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 HOLEXANDEROS Chanine 6-5-18					
Signature of Authorized Person SIGN (PORDWINE HER).					

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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FORM 632 - Revised: 10/2017