Department of State - Business Services Division					SECRET CORPO
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - Novembe		mber 1.	_	RECEIVED RETARY OF STATE REPORATIONS DIV
1. Entity ID Number	2. Exact nam	e of the Limited Li	ability Company		
994429	MICK	E4 6'5	CLAMSHAC	u LLC	
3. NAICS Code			cter of business conducted in		
<i>100 33</i> 0.			A		
5. State of Formation] £	OAN TOA	ICK / CATER	1412	
RI		000 (100	age / Uniter	1106	
6. Principal Office Address			City	State	Zip
5 AMONG AVE			CUMBERLAN	A RI	02864
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person		
Contact Name MICHAEL A GIRARD			Contact Title OUNER		
Street Address 5 AVON AVE			City CUMBERLAN	State R (zip 02864
8. List ALL managers (names a	nd addresses)	of the Limited Liab	T COMPANY, IS ALT EIGABLE	- DO NOT LIST I	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>			Check the box to i	ndicate an attachment
9. Resident Agent in Rhode Islan					
Under penalty of perjury, I dec statements, and that all staten	lare and affirments contained	n that I have exan ed herein are true	nined this report, including a and correct.	ny accompanyin	g schedules and
Name of Authorized Person					, ,
MICHAEL A. GIRARD				6/	5/2018

HERE COLUMN NOTE RE

MAIL TO:

Division of Business Services

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

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
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