RI SOS Filing Number: 201869380360 Date: 6/12/2018 4:00:00 PM



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 December 1.				
1. Entity ID Number	2 Evant name of the Limited Lie	initia. Company		
, '	2. Exact name of the Limited Liability Company			
1661963	extra Mile	Entertainm	ient l'on	sulting group, L
3. NAICS Code		ter of business conducted in Rhoo	de Island	50,
999999	Extertainment r	Management		
5. State of Formation		•		
RI				
6. Principal Office Address	ı	City	State	Zip
	. Ste J #505	Smithfield	RI	02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	ımı i	Contact Title	ine me	ember
Street Address 400 Pham Pike	2 Ste \ 505	3mith Rield	State 72	Zip (\7 917
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name Dreshoun on Samili		Manager Name		
Street Address	olde Hill Rd.	Street Address		
city	State Zip	City	State	Zip
Manager Name		Manager Name		
Street Address PAnam	ake Stelsus	Street Address		
5mith field	State Zip	City	State	Zip
		Che	ck the box to indi	cate 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			Date	1
Deshanua	Samil		6	12/18
Signature of Authorized Person	SIGN 00	KUMENT HEPL	4	

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 JUN 1 2 2018

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