Annual Report for the year: 2017
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	1		Liability Company	•	
11558041	Hon	nefront	Girl, LLC		
3. NAICS Code	4. Brief desc	ription of the cha	racter of business conducted in R	hode Island	1 ~ 1
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5. State of Formation	×2 /	INDMA E	to compeinus	topett	on their
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1 7 7	J-700	mare	<del></del>		T 7:-
6. Principal Office Address			City	State P	02840
34 Kayst			Newport	RI	02070
7. Mailing Address of Limited Lia	bility Compan	y and Name or T	itle of Contact Person		
Contact Name Gaby July			Contact little FOUNDER/SWINE		
Street Address 24 Kay St			vewport.	State RT	2840
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	ability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Ζiρ	City	State	Ζip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	<del></del>	C	Check the box to i	ndicate an attachment
9. Resident Agent in Rhode Islan	d. This informa	ition is currently of	record with the Department of State. C	changes require filir	ng Form 642.
Under penalty of perjury, I dec statements, and that all staten			amined this report, including an ue and correct.	ny accompanyin	g schedules and
Name of Authorized Person Date					
LUZ GABY Juergens				4 d	une 2018
				· · · · · · · · · · · · · · · · · · ·	
Signature of Authorizate Person					

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

JUN 1 5 2018

FORM 632 - Revised: 08/2016