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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORAL CKS CTV

Annual Report for the year: 2018
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.

Entity ID Number	2. Exact name of the Limited Liability Company				
104088	Little CITEK Londskerin and Example LLI				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
237 1/o 5. State of Formation	Londscap	ing, cutting	sibss, mulabling, seat	tel, wo tel, to	slectic Lines,
RI howe founditions.					
6. Principal Office Address			City	State	Zip
414 mitchell's love			MIDDIE tume	RI	03860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael Cosinski			Contact Title		
Street Address AM Mitchell'S Counce			City MIPP Plane	State ST	2ip V >84 >-
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	State	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
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				Date	-
Mily per lossinsici				110/8	18
Signature of Authorized 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

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FORM 632 - Revised: 10/2017