

SECRETARY OF STATE CORPORATIONS ON STATE

Annual Report for the year: ೨೦(3

- → 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. Exact name of the Limited Liability Company				
1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
104088	Little CITEK Londscoring and Exemples LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1237110	Londscoping, cutty 51055, Mulabying Seatter, water, rejectic cincl,				
5. State of Formation] ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
RI	hove Founditions.				
6. Principal Office Address			City	State	Zıp
414 mitchell's love			MiDDIE tomo	RI	0)860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Michael Kosihski Street Address			Owner		
914 Mitchell's loane			hipp lebour	State State	21p 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	Zip	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				Date	
Milarel Joshsici				6/51/18	
Signature of Authorized Person					
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:06

FILED

JUN 21 2018 BY Q 333/92