RI SOS Filing Number: 201873643620 Date: 7/30/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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|--|---|----------|----------------|--------------------|---------------------|--|--|
| 1. Entity ID Number 2. Exact name of the Limited Liability Company | | | | | | | |
| 700314 | LIBER | SAN | SHIPPING | LINI | _ | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 484310 | We Sif cars, is clother, shores and other | | | | | | |
| 5. State of Formation | nation () | | | | | | |
| KI | pe181 | mon 1 | efft to L | iberia | and other for | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 28 Lewis 8ty Mr. | | | M trov. | BI | 02904 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Mr. CYRUS BARCHUE | | | Contact Title | | | | |
| Street Address 28 LWi3 84 | | | City N- PWV. | State RT | Zip 02904 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name CYPUS Bar Chul | | | Manager Name | | | | |
| Street Address 28 Laws SFi | | | Street Address | | | | |
| City W-Prov | State RL | Zip 2984 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | · | Ch | eck the box to ind | icate an attachment | | |
| 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. | | | | | | | |
| No. of Administration of the Control | | | | | | | |
| (Sure) | | | | Date | 30-18 | | |
| Signature of Authorized Person | | | | | | | |
| THE POLITICAL SERVICES | | | | | | | |
| | | | | | | | |

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 JUL 30 2018 L33587

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