RI SOS Filing Number: 201875315840 Date: 8/23/2018 8:42:00 AM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 201 + 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.

				13 ~ m
2. Exact name of the Limited Liability Company				
my cabineton line LLC				
4. Brief description of the character of business conducted in Rhode Island				
		101 A 10 Am		
5	ales of	Kitchen Cow	VEIZ	
	<del></del>	City	State	Zıp
Aue		Lincoln	RI	02845
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Ferrande		Contact Title Member		
AS Albou	<u>د</u>	City	State	Zip
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name Donna Ferrante		Manager Name		
Street Address		Street Address		
State	Zip	City	State	Zip
Manager Name		Manager Name		
Street Address		Street Address		
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				
Donna Ferrante 8/23/18				
Signature of Authorized Person  Texaste				
	Augustin As About As	Aue bility Company and Name or Title  Ferrance As Above  Id addresses) of the Limited Liabil  Ferrance  State  Zip  State  Zip  At This information is currently of reclare and affirm that I have examinents contained herein are true  Ferrance  Letter Liability Company and Name or Title  Ferrance  As Above  State  Zip	4. Brief description of the character of business conducted in R  Sales & Kitchen Cuba  City  Lincoln  bility Company and Name or Title of Contact Person  Contact Title  Manager Name  City  Manager Name  Street Address  State  Zip  City  Manager Name  Street Address	A. Brief description of the character of business conducted in Rhode Island  Sales of Kitchen Cubinets  City State  Lincoln Right Cubinets  City Company and Name or Title of Contact Person  Contact Title Member  As Above City State  Manager Name  Street Address  State Zip City State  Manager Name  Street Address  State Zip City State  Check the box to in the contained herein are true and correct.  Date  Perrane  A Check the box to intend this information is currently of record with the Department of State. Changes require filing lare and affirm that I have examined this report, including any accompanying tents contained herein are true and correct.

MAIL TO:

**Division of Business Services** 

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

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

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