RI SOS Filing Number: 201875316540 Date: 8/23/2018 8:40:00 AM

State of Rhode Island	and Providence	ce Plantations			
Department of S	itate - Bus	iness Service	s Division		· · ·
New York					PECRETARY OF CORPORATION 23
	<u>,</u>	2015			声 智紹
Annual Report for the y	——				5 556
Limited Liability Comp	-				23
→ Filing period: September → Filing Fee: \$50.00	1 - Novemb	er 1			圣尔尔
→ Penalty: Additional \$25.00	) fee if form i	s not filed by Decer	mber 1.	_	9 92
1. Entity tD Number	2. Exact name of the Limited Liability Company				
486899	4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code	4. Brief des	cription of the chara	cter of business conducted i	in Rhode Island	
454110	_	color of	Kitchen ca	binote	
5. State of Formation		2 mes . P	siloneri co	J	
RI					
6. Principal Office Address			City	State	Zip
24 Ballou	Ave		Lincoln	P.J.	02845
7. Mailing Address of Limited Li	ability Compa	ny and Name or Title	e of Contact Person		
Contact Name Donna	Ferra	nte_	Contact Title	per	
Street Address		ove.	City	State	Zip
8. List ALL managers (names a	ind addresses	) of the Limited Liab	ility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS
Manager Name Donna Ferrante			Manager Name		
Street Address			Street Address		
City	State	Zip	Cıty	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<del></del> -	<b>.</b>		<del></del>	Check the box to i	ndicate an attachment
9. Resident Agent in Rhode Isla	ind. This inform	nation is currently of re-	cord with the Department of Sta	te. Changes require filir	ng Form 642
Under penalty of perjury, I de statements, and that all state			•	g any accompanyin	g schedules and
Name of Authorized Person				Date	
Donne	Ferran	te		8/,	23/18
Signature of Authorized Person	~f		•		1
1)one	na to	ierande_			

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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