State of Rhode Island Department of			ices Division	_	
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.					SECRETA CORPOR 2018 AUG 3
					CEIVED ARY OF S RATIONS
1. Entity ID Number	2. Exact na	me of the Limite	<del>-</del>		
160568	FUR	NITURE	ELPPING.	38 L	
3. NAICS Code  SIL 490  5. State of Formation	4. Brief description of the character of business conducted in Rhode Island  FURNITURE REPAIR + REFINISH IN G				
6. Principal Office Address	Principal Office Address			State	Zip
162 MARKET ST.			WARREN	RI	02885
7. Mailing Address of Limited I			Title of Contact Person		
Contact Name PAUL SAMPSON			Contact Title		
Street Address 162 MARKET ST			City WARREN	State PI	Zip 07885
-	and addresses	s) of the Limited	Liability Company, IF APPLICABLE	E - DO NOT LIST M	EMBERS
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 inc	dicate an attachment
9. Resident Agent in Rhode Is	land. This inforn	nation is currently i	of record with the Department of State.	Changes require filing	Form 642,
Under penalty of perjury, I d statements, and that all stat			examined this report, including a true and correct.	any accompanying	schedules and
Name of Authorized Person				Date & - 2	s - 18

SIGN DOCUMENT HERE

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** 

AUG 3 0 2018

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