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.					SECRETARY OF STACORE OR ALIGHS DIV	
1. Entity ID Number	2. Exact na	ame of the Limited Li	iability Company		* - II	
165 514		ARGO, L				
3. NAICS Code 4 Brief description of the character of business conducted in Rhode Island AEAC LITTE 5. State of Formation AT						
6. Principal Office Address 56 P. NE ST. 7. Mailing Address at Limited I.			_ <u></u>	State A.F	Zip 02903	
7. Mailing Address of Limited L						
Tom CAI	Street Address 56 PINE St. 3MFC			Contact Title		
Street Address 56 PIN	IE St.	3MFC	City PROVIDENCE		Zip 02903	
8. List ALL managers (names	and addresses	i) of the Limited Liab	bility Company, IF APPLICABLE - D	OO NOT LIST ME	MBERS	
Manager Name			Manager Name	Manager Name		
Street Address	Street Address			Street Address		
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name	<u> </u>		
Street Address	Street Address			Street Address		
City	State	Zip	City	State	Zıp	
			Che	eck the box to ind	icate 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	V		Date 9-4-2018			
Signature of Authorized Person (1990) Signature of Authorized Person (

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

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