RI SOS Filing Number: 201876628480 Date: 9/4/2018 10:54:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the Limited Liability Comp  → Filing period: Septembe  → Filing Fee: \$50.00  → Penalty: Additional \$25.0	any r 1 - Novembe 0 fee if form is	not filed by Decer				RECEIVED REGRATIONS DIV REPOSEL AMIO: 49	
1. Entity ID Number   165314	2. Exact name of the Limited Liability Company  AARGO, CLC						
3 NAICS Code 53110 5. State of Formation  A I	4. Brief description of the character of business conducted in Rhode Island  AEAC CATITE						
6. Principal Office Address 56 P, NE ST.	NEST. 304 FL		City	VIDENCE-	State AF	Zip 02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Tom CAR	Contact Title						
		3MFC	1	PROVISENCE	State RT	<sup>219</sup> 02903	
8. List ALL managers (names and addresses) of the Limited Liability (Manager Name							
			Manager Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Manager Name			Manager Name				
Street Address			Street Address				
Сту	State	Zip	City		State	Zip	
			- <del>1</del>	Che	ck the box to ind	cate 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 9-4-2018		
Signature of Authorized Person		±00±00	AUDIENT (	<del></del> ८४१			

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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