

Annual Report for the year: 25
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.

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1. Entity ID Number	2 Event come			·			
11/25214	2. Exact name of the Limited Liability Company						
10001	AARGO, LLC						
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
<u> </u>	REAL ESTATE						
5. State of Formation	7						
RI							
6. Principal Office Address			City	State	Zip		
56 PINEST. 30AFL			PROVIDENCE-	R.F	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Tom CARTER			Contact Title				
Street Address 56 PIN	E 5%	3MFC	City PROVISENCE	State RT	²¹⁰ 02903		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
C·ty	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			
SISTAND -				9-4	-2018		
Signature of Authorized Person							
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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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