

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.						
1. Entity ID Number		2. Exact name of the Limited Liability Company AARGO, CLC				
3. NAICS Code 53110 5. State of Formation A T	4. Brief des		aracter of business conducted	in Rhode Island		
6. Principal Office Address 56 P.NE ST.	COPINE ST. 304 FL			State A+	Zip 02903	
7. Mailing Address of Limited	d Liability Compa	ny and Name or 1	Fitle of Contact Person			
Contact Name Tom CARTER			Contact Title			
Street Address 56 Pl	NE St.	31A FC	City PROVISE	NCE State RI	Zip 02903	
8. List ALL managers (name	es and addresses	s) of the Limited L	iability Company, IF APPLICAE			
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
				Check the box to	indicate an attachment	
9 Resident Agest in Physic	Island This ist		record with the Department of Sta			

999 00004830 (88)

Signature of Authorized Person

Name of Authorized Person

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 04 2018 KU9C3GM 10:51

9-4-2018