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.								
1, Entity ID Number 201(264463 3. NAICS Code 54 1611 5. State of Formation RLI	2 Exact name of the Limited Lial Fredric L. Cord Jan. 4 Brief description of the character of FCICE.	ICEK AIBELLLC	ode Island					
6. Principal Office Address 33 UNDERWOOD RU		City Montville	State	Zip 07045				
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name To Contact Title								

Charkestown

Manager Name

Street Address

Manager Name

Street Address

City

City

9	Resident Agent in Rhod	e Island.	This informa	ation is currently	of record with the	Department of State	Changes require filing Fo	m 642
.,		l de elec		46 - 4.4.6				4 - 4 - 1

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Zip

Zip

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

The chill (with)

Date

State

State

8/3/18

Signature of Authorized Person

MAIL TO:

Manager Name

Street Address

Manager Name

Street Address

City

City

Division of Business Services

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

JASON SHAPITO

State

State

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.rr.gov FILED SEP 0 4 2018

FORM 632 - Revised: 10/2017

Q2813

Ζıp

Zip

Check the box to indicate an attachment