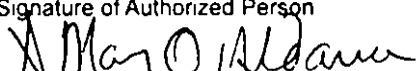




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 001658763		2. Exact name of the Limited Liability Company M & A, LLC			
3. NAICS Code 448310		4. Brief description of the character of business conducted in Rhode Island JEWELRY MANUFACTURING			
5. State of Formation RI					
6. Principal Office Address 767 HARTFORD AVENUE, UNIT 201 (REAR)			City JOHNSTON	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MAINOR O. ALDANA			Contact Title RESIDENT AGENT		
Street Address 767 HARTFORD AVENUE, UNIT 201 (REAR)			City JOHNSTON	State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MAINOR O. ALDANA			Manager Name N/A		
Street Address 767 HARTFORD AVENUE, UNIT 201 (REAR)			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person MAINOR O. ALDANA				Date 8/30/18	
Signature of Authorized Person 			SIGN DOCUMENT ENTER HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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SEP 04 2018

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