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SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP -5 PM 3: 45 AME

Annual Report for the year: 208 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.

4. Fath. ID North		•		 	
1. Entity ID Number	2. Exact name of the Limited Liability Company LOST TO CASURES LAC				
566352					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
944510	Purchase + Sales of Jewelry, coins, collectables				
5. State of Formation	Anitiques & Firearms				
KI	11.14 12.02 4 110001.11)				
6. Principal Office Address			City	State/_	Zip — Q Q
242 Mrddle St			Poutucket	RZ	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Northaniel Landi			Contact Title Nember		
Street Address (4) Middle St			city factocket	State /Z	zip 02860
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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	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					
Nathaniel			9-	5-2018	
Signature of Authorized Person					
HIGH DOLLARENT 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 FILED SEP 0 5 2018 3:45

BY CU PSOGT