	s	tate of Rhode Island and Office of the Se				S Fee: \$50
HOPE		Division Of Bu 148 W. Ri Providence R (401) 22	iver St I 0290	reet 4-2615		
Limited Liability	(Com	nany				
Annual Report						
Filing Period: Septer	mber 1	- November 1				
to file its annual repo	ort withi	7-16-66(d), each limited liability n thirty (30) days after the time penalty fee of \$25.00.				
ANNUAL REPORT	YEAR:	<u>2018</u>				
1. ID No. <u>000</u>	123489	) -				
2. Exact Name of	the Li	nited Liability Company A(	QUEN	<u>Γ LLC</u>		
3. State of Forma	tion					
State: <u>DE</u>						
		ARTICL	E III			
_		Code that best describes the pr e information on <u>NAICS</u> can be	-		s conducted by t	he entity. Download
<u>561320</u>						
4. Brief Descriptic	on of th	e Character of the Business	Which	is Actı	ally Conducted	l in Rhode Island
TEMPORARY S	TAFFI	NG				
5. Principal Office	Addre	SS				
No. and Street:		OYLSTON STREET				
City or Town:	<u>I HIR</u> BOS	<u>D FLOOR</u> FON	State	: <u>MA</u>	Zip: <u>02116</u>	Country: <u>USA</u>
6. Mailing Addres	s of Lir	nited Liability Company and	Name	or Title	e of Contact Pe	rson:
Contact Name: G			DIRECT	OR OF	CORPORATE T	<u>AX</u>
No. and Street:		<u>OYLSTON STREET</u> D FLOOR				
City or Town:	BOST		State	: <u>MA</u>	Zip: <u>02116</u>	Country: <u>USA</u>
7. Name and Add DO NOT LIST N		Each Manager of the Limite RS	d Liabi	ility Co	mpany, if Appli	cable.
Title		Individual Name			Addre	ess
		First, Middle, Last, Suffix		Addre	ess, City or Town, Sta	ate, Zip Code, Country

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 11 Day of September, 2018 at 3:15:40 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JOHN CHUANG

Signature of Authorized Person

Form No. 632 Revised 09/07

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