RI SOS Filing Number: 201877224690 Date: 9/12/2018 4:00:00 PM State of Rhode Island and Providence Plantations 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. 2. Exact name of the Limited Liability Company 1. Entity ID Number フクスしもん 4. Brief description of the character of business conducted in Rhode Island Rayouste Roul 5. State of Formation R.l. 6. Principal Office Address State City 0289) Potter 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Contagt Name Richa-) Street Address State 194 Puth 0789) 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 State Zip

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

City

City

Manager Name

Street Address

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

Name of Authorized Person

SIGN DOCUMENT HERE

MAIL TO:

City

City

Manager Name

Street Address

Division of Business Services

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

State

State

Zip

Zip

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

State

Zip

Check the box to indicate an attachment

8.25.2018

SEP 1 0 2018

FORM 632 - Revised: 10/2017