State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Department of State - Business Services Division				FILED		
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.				SEP 1 1 2018 DO D		
1. Entity ID Number	2. Exact na	ime of the Limited L	Liability Company			
001661688		B-Cause				
3. NAICS Code			racter of business conducted in F	Rhode Island		
42-wholesale Trade 5. State of Formation Rhode Island	1					
6. Principal Office Address			City	State	Zip	
34 young Sh	34 young Stant			RI	@ 28°40	
7. Mailing Address of Limited Lia	ability Compar	ny and Name or Tit	le of Contact Person			
Contact Name Change ine	<u> </u>		Contact Title	Contact Title President		
Street Address 34 4 our	1 Shur	4	City Newport	State	STAND	
	nd addresses)	of the Limited Liab	bility Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS	
Manager Name			Manager Name		_	
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
					ndicate an attachment	
9. Resident Agent in Rhode Islan			cord with the Department of State. C	Changes require filing	g Form 642.	
Under penalty of perjury, I decistatements, and that all statem	are and affirm ents contain	n that I have exan ed herein are true	nined this report, including an a and correct.	y accompanying	schedules and	
Name of Authorized Person				Date		
CARAJE EAGAN				\$912118		
Signature of Authorized Person						
Marie Car			-			

MAIL TO:

Division of Business Services

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

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