RI SOS Filing Number: 201877836730 Date: 9/20/2018 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.					SECRETARY OF CORPORATION
1 Entity ID Number 2. Exact name of the Limited Liability Company					3 20 0
	10205				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				<u></u> <u></u>
531311 5. State of Formation Number Tolland	4. Brief de	Real		cied in Knode Island	
6. Principal Office Address			City	State	Zıp
54 flora	5+		Prov	ET	02904
7. Mailing Address of Limited Lia		any and Name or	Title of Contact Person		[] []
Contact Name Gregor	WA	Hinston	Contact Title		
Street Address 54 flora St			City	State	Zip OZ 904
8 List ALL managers (names a	nd addresse	s) of the Limited L	iability Company, IF APPLI	ICABLE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Z _I p
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
				Check the box to	indicate an attachment
9 Resident Agent in Rhode Islan					
Under penalty of perjury, I dec statements, and that all staten	lare and aff sents conta	irm that I have ex ined herein are to	kamined this report, inclu	iding any accompanyin	g schedules and
Name of Authorized Person Oreyory Washington Date 91					0(18
Signature of Authorized Person	1/1	Jashus	<u> </u>		
0	1	/ /	-		

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**

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