RI SOS Filing Number: 201877908400 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 y Limited Liability Compo  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	any 1 - November		nber 1.	_	RECEIVED SECRETARY OF STA CORPORATIONS DI 2018 SEP 20 PM 4:
1. Entity ID Number 2. Exact name of the Limited Liability Company 38 AMNERST ST, LCC					31. SILE
3. NAICS Code  5. State of Formation	_		cter of business conducted of persons and a	in Rhode Island	
6. Principal Office Address  28 Catheral	Are-		Pro Vidence	State L	0 290P
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name L. Sanis V Rodisour			Contact Title		
Street Address Cathedral	Au		City Providence	State PI	282908
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LIDANIA + RONGGUED Manager Name					
28 Cathedral Anse.			Street Address		
Provide a	State	82908	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
Сну	State	Ζιp	City	State	Zıp
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  Date  9					18
Signature of Authorized Person					

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 2 0 2018

BY KL BYWBG

FORM 632 - Revised: 10/2017