State of Rhode Island and Providence Plantations					-	
Department of State - Business Services Division						
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	1 - November fee if form is not 2. Exact name	of the Limited Lia	ob:lity Company		RECEIVED SECRETARY OF STATE CORPORATIONS DIV	
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
0 31110	1 Vint	al fre	pertres		j	
5. State of Formation		•	•			
6. Principal Office Address	· · · · · · · · · · · · · · · · · · ·		City ,	State	Zıp	
28 Cathertal.	Ae-		Providence.	KI	D 290P	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Lanis V Rodisurz			Contact Title			
Street Address Cathedral Au			City Providence	State CI	21/8290P	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Libania & Radrigues			Manager Name			
28 Cathedral Anse.			Street Address			
Provide a	State	802908	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	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.						
Lang V. Rodrigue Z				Date 9/28	9 60 /18	
Signature of Althorized Person						
			-			

MAIL TO:

Division of Business Services

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

State of Rhode Island and Providence Plantations

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

SEP 2 0 2018

FORM 632 - Revised: 10/2017