

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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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

BY_	SEP 2 6 2018						

Entity ID Number 2 Exact name of the Limited Liability Company						
000092749	1	\$ Z, L	<u> </u>			
3 NAICS Code	4 Brief de	scription of the ch	naracter of business conducted in volop, manage, re- and property - Tit	n Rhode Island	I call	
531190	to a	cquire, de	wiop, manage, ise	a, leave and	ም አ ደብ	
5 State of Formation	real	and perso	enal property - Tit	te 7-16.		
Rhode Island						
6 Principal Office Address			City	State	Zıp	
307 Orchard Woods Drive			Saunderstown	RI	02874	
7 Mailing Address of Limited L	iability Compa	any and Name or	Title of Contact Person			
Contact Name Brian A. Fielding	g		Contact Title Member			
Street Address 307 Orchard Wo	oods Drive		City Saunderstown	State RI	Zip 02874	
8 List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	7ip	
Manager Name		· · · · ·	Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	1		Check the box to indicate an attachment			
9 Resident Agent in Rhode Is	land This infor	mation is currently i	of record with the Department of Sta	te. Changes require fil	ing Form 642	
Under penalty of perjury, I d statements, and that all state			examined this report, including true and correct.	g any accompanyi	ng schedules and	
Name of Authorized Person	Date					
Brian A. Fielding, Esq.				09/25/2018		
Signature of Authorized Perso	n	<u> </u>	- Carlinana -			
13-	`	1. Fi	ell, E	52.		
	 	`		X		
MAIL TO:						
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Division of Business Services

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

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