RI SOS Filing Number: 201879623220 Date: 10/17/2018 12:07:00 PM

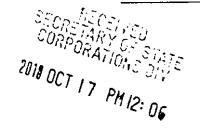


State of Rhode Island and Providence Plantations

## **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.

1. Entity ID Number	2. Exact nan	ne of the Limited	Liability Company		
537568	GEME	FRAL 1	NEURMAT	IUN SE	RVICES LA
3 NAICS Code	4 0 4	vinting of the obs	enotes of business conducts	d in Rhode Island	
524298	WE	INSP	PECT BUIL	-DIN 6-3 1	-012
5. State of Formation	1/25	URAI	VCG UN	DERWR	ITERS
NJ					
6. Principal Office Address 7-62 FAR	HAW	N AVE	E FAIR L	Bus State	Zip 7410
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	1000	ΣY	Contact Title	ERAL 1	MANASER
Street Address FAIR	LAWI	N AVE	- City FAIR	LANGSIALENJ	- Zip 0 5410
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager 🚧			Mar - Name	• •	<i>:</i>
Streetsiderer	. <b>.</b>		Street Address		
Citu- a a	State	Jan	City	State	Zip
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 Isl.	and. This inform	ation is currently o	record with the Department of	State. Changes require filii	ng Form 642
Under penalty of perjury, I de statements, and that all state	clare and affi	rm that I have e	xamined this report, inclu	ding any accompanyin	ng schedules and
Name of Authorized Person			<del> :</del>	Oate 10	-8-18
Signature of Authorized Person  Muhami Mulan  Mulan					
					_

MAIL TO:

**Division of Business Services** 

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

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

OCT 17 2018

BY HANAZ

FORM 632 - Rovised: 10/2017