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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: 2017

2818 OCT 23 AM 10: 18

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.

	T				
Entity ID Number 2. Exact name of the Limited Liability Company					
00167-0891	$\square V \cdot 9$	Y. Has	edymen Lt.C		<u>.</u>
3. NAICS Code	4. Brief descrip	tion of the charac	cter of business conducted in Rh	ode Island	\
236118	ALL V	604 SO 5	Respector		
5. State of Formation			^ .		
KI			Repair		
Principal Office Address	•		City	State	Zip
205 massachusetts Ave			providence	RI	02505
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Neverdi Dayaus			Contact Title Outuby		
Street Address	husetts	Ave	City Providence	State T	20525 QZ
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Managor Name Nereyda Payano			Manager Name		
Street Address			Street Address		
City	State	Zip	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 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					
Nereyda Payano 10/23/18					3/18
Signature of Authorized Person					
1//esly 12					

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 2 3 2018

BY On WASRF