State of Rhode Island and Providence Plantations Department of State - Business Services Divisions	io
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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 D	ecember 1.	_		
	_	-				
1. Entity ID Number	2. Exact name of the Limited Liability Company					
163429	MWR, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island MANUFACTURE AND SALES OF JEWELRY AND ACCESSORIES					
5. State of Formation						
RI	i					
6. Principal Office Address			City	State	Zip	
229 MARTIN STREET			EAST PROVIDENCE	RI	02914	
7. Mailing Address of Limited Lia	ability Compa	iny and Name o	r Title of Contact Person			
Contact Name MAXIMILIANO VILLARREAL			Contact Title ACCOUNT MANAGER			
Street Address 229 MARTIN STREET			City EAST PROVIDENCE	State RI	^{Zip} 02914	
8. List ALL managers (names a	nd addresse:	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	<u>,</u>	<u> </u>	ļ.	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				heck the box to	indicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inform	nation is currently	of record with the Department of State. C	hanges require filir	ng Form 642	
Under penalty of perjury, I dec statements, and that all staten	lare and affi nents contai	irm that I have dined herein are	examined this report, including ar true and correct.	y accompanyin	g schedules and	
Name of Authorized Person				Date		
MAXIMILIANO VILLARREAL				10/25/	18/25/15/	

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

Signature of Authorized Person

FILED

OCT 3 1 2018

FORM 632 - Revised: 10/2017