State of Rhode Island	and Providenc	e Plantations			
Department of S			Division		
Annual Report for the	vear:	2018			R.I. 8 2018 0
Limited Liability Company					REC I. DEPI BUS S
→ Filing period: September 1 - November 1					3 syling
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					<b>3</b> C29 ₹
Penalty: Additional \$25.0	U tee it form is	s not filed by Decem	nber 1.		
1. Entity ID Number	Number 2. Exact name of the Limited Liability Company				<u> </u>
790026	790026 Sanda L				ည်
3. NAICS Code	4 Brief des			Phode Island	
3. NAICS Code  4. Brief description of the character of business conducted in Rhode Is					
5 3/ 2//	4	0 1	. LT		
5. State of Formation Real Estats					
79	_	<u></u>	· · · · · · · · · · · · · · · · · · ·		
6. Principal Office Address	,		City	State	Zıp
333 Atlantic Ave			Warwin	KZ_	02880
7. Mailing Address of Limited L	iability Compa	ny and Name or Title	of Contact Person		
Contact Name	Lexande	•	Contact Title		
Street Address			City / 1	State	7:0
333 Atlantic Ave			Waw .	State	Zip 5 Z S S S
8. List ALL managers (names	and addresses	) of the Limited Liab	ility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS
Manager Name	Hexal	rli	Manager Name		
Street Address	<u>jo au o</u>	<u> </u>	Street Address		
333 Atlash	c A	up	C. Sci / Cos		
City Ware (d	State	S 5882	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				Check the box to	indicate an attachment
9. Resident Agent in Rhode Is	and. This inform	nation is currently of rec	cord with the Department of State	. Changes require fili	ng Form 642.
Under penalty of perjury, I d statements, and that all state	eclare and affi ements contai	irm that I have exar ined herein are true	nined this report, including and correct.	any accompanyin	ng schedules and
Name of Authorized Person				Date	
Tann Alexander				100	31-15
Signature of Authorized Perso					
Agran					

MAIL TO:

**Division of Business Services** 

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

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

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BY FORM 632 - REVISED: 10/2017