STAMP

FOR SECRETARY OF STATE USE ONLY

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	s not filed by Dece	mber 1.		_		
1. Entity ID Number	2. Exact name of the Limited Liability Company						
321163	ABELI, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
-621210 Ass	Operation of Dentistry Practice						
5. State of Formation							
April 3, 2008							
6. Principal Office Address	City			State	Zip		
50 Lambert Lind Highway) Lambert Lind Highway			RI	02886		
7. Mailing Address of Limited Lia	•	ny and Name or Titl					
Contact Name Peri Mutewera, D.	Peri Mutewera, D.M.D. Contact Title Member						
Street Address 50 Lambert Lind Highway			City Warwick	State RI	^{Zip} 02886		
8. List ALL managers (names an	id addresses) of the Limited Liab	bility Company, IF APPLIC	CABLE - DO NOT LIST M	EMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			. Street Address				
City	State	Zıp	City	State	Zıp		
Manager Name			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 decistatements, and that all statem			•	ding any accompanying	schedules and		
Name of Authorized Person			Date	Date			
Peri Mutewera, D.M.D.			10/5/20	10/5/2018			
Signature of Authorized Person		SIGN DC	OCUMENT 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

