RI SOS Filing Number: 201881695600 Date: 11/26/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

MAIL TO:

Division of Business Services

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

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

Department of State - Business Services Division

Annual Report for the year: 20/8 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 name of the Limited Liability Company Proplint MANA 9km lent 4. Brief description of the character of bushess conducted in Rhode Island				1 km len/
3. NAICS Code 1 3 (1) 5. State of Formation	The Punchask				
6. Principal Office Address City State Zip					
75 Brash Drive			Middletour	1 State	21p
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name INVIO / AWNENCE			Contact Title Miny bun		
treet Address Brank Delivir			midd hetarn	State	Zip 02842
8. List ALL managers (pames a Manager Name	nd addresses) of	the Limited Liabi	lity Company, IF APPLICABLE - E Manager Name	OO NÓT L IS T ME	MBERS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Ch	eck the box to inc	dicate an attachment
9. Resident Agent in Rhode Isla	ind. This informatio	n is currently of re	cord with the Department of State, Cha	anges require filing	Form 642.
Under penalty of perjury, I de statements, and that all state	clare and affirm ments contained	that I have exam I herein are truc	mined this report, including any and correct.	accompanying	schedules and
Name of Authorized Person OAUS AUNIN LE Signature of Authorized Person				Date 11/26/18	
Signature of Authorized Person	7				

FILED

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FORM 632 - Revised: 10/2017