| s | tate of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|--|---|---------------------------------|------------------|
| Division Of Business Services | | | |
| 148 W. River Street Providence RI 02904-2615 | | | |
| (401) 222-3040 | | | |
| Limited Liability Company | | | |
| Annual Report | | | |
| Filing Period: September 1 - November 1 | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- | | | |
| 16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2018 | | | |
| 1. ID No. <u>001662625</u> | | | |
| 2. Exact Name of the Limited Liability Company 9 Smithfield Rd, LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. | | | |
| | | | |
| <u>812310</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| COIN OPERATED LAUNDROMAT | | | |
| 5. Principal Office Address | | | |
| No. and Street: 705 MILES STANDISH BLVD | | | |
| UNIT 2City or Town:TAUNTONState: MAZip: 02780Country: USA | | | |
| | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: <u>DAVID CABRAL</u> Contact Title: <u>MEMBER</u> No. and Street: 9 SMITHFIELD ROAD | | | |
| City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA | | | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Z | ip Code, Country |
| | | | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID CABRAL 9 SMITHFIELD RD NORTH PROVIDENCE, RI 02911

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2018 at 2:43:34 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>DAVID CABRAL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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