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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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2018 NOV 30 PM 2: 52

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 December 1.

1. Entity ID Number	2 Evact name	of the Limited Lie	hilihi Camaaay	<del></del>	
000010017	2. Exact name of the Limited Liability Company				
000410217	UNIO (Mobal Enterprises LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	] (/	Red Fatata	, lessors of vest	لم لحنما لم خلط	. 11 11
5. State of Formation	`	Tan Contract	1 1622112 (1) ASZV	Sympo pourons	and amellings
MA.				U	U
6. Principal Office Address			City	State	Zip
29 Station St			Attleboro	MA	02703
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title Angler		
Street Address 28 Statum St			City Atteboro	State	zip 02703
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address 29 Starting St			Street Address		
City Attabovo	State MA	zip 02703	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		·			ndicate an attachment
9. Resident Agent in Rhode Isl					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person  Other Ayub  1/30/2018					
Signature of Authorized Person					

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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