RI SOS Filing Number: 201882345090 Date: 12/6/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 DEC -6 PM 4: 11

2018 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.

	7	- . •				
Entity ID Number	2. Exact name of the Limited Liability Company					
/337/3/	11091195 155ets LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	Holding Con non					
5. State of Formation						
6. Principal Office Address			City		State_	Zip
89 Home Ave			Kovalin	ce	RE	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name OSE LUISLOSA			Contact Title OWNER			
Street Address 87 Home	De		City Plandence	R	State 7	² 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Se Luis Positi			Manager Name			
Street Address 89 Hane Ave			Street Address			
City Plandare	State	Zip OZGOS	City		State	Zıp
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
-	<u> </u>	<u> </u>	<u> </u>	Chec	ck the box to in	dicate 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 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					Date /2/6/18	
Signature of Authorized Person						
						16

MAIL TO:

Division of Business Services

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

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

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