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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
11079352	Lemonade Laine LLC					
3. NATCS Code	4. Brief description of the character of business conducted in Rhode Island					
531312	No Business conducted in R.I.					
5. State of Formation	VACATION HOME					
RI	Aucilian Home					
6. Principal Office Address			City	State	Zip	
100 SAddlebrook DR			EAST Greenwich	RL	02818	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person			
Contact Name NIKKE SANGELLÍ			Contact Title MANAGECS — MEMBRS			
Street Address			I City .	State = /	zip 34108	
115 CAJEPUT	Dr	<u> </u>	NAPLES	1 1 1	<u> </u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
[Manager Harrie]			Manager Name			
NIKKIE SACARIII Street Address			Street Address			
115 C AJEPUT	Dr.			 .		
City LADLES	State	Zip 34108	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
0.	State	Zip	City	State	Zip	
City	State	ا ا		<u> </u>		
			Ch	eck the box to it	ndicate 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 dec statements, and that all states	lare and affin	m that I have exar	nined this report, including any	accompanyin	g schedules and	
Name of Authorized Person		·	<u> </u>	Date	•	
Nivvie Socdalli				11-30	-2018	
Signature of Authorized Person						
Millar Sarde	W	SIGN D				

MAIL TO:

Division of Business Services

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

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

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