

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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(C)	₹.	^E

1. Entity ID Number	2. Exact name of the Limited Liability Company						
201072142	Istmo Lic						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
454110	selling Children's Spanish and Billingual						
5. State of Formation	30016		·	J			
RI				•			
6. Principal Office Address			City	State	Zip		
8 Narragansett Ave			Newport	RI	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Liliana Merchant			Contact Title				
Street Address 8 NarragansCH Ave			City Newport	State 2 I	Zip 02840		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Ζιρ	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate 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						
Liliana Merchant				12/18	3 18		
Signature of Authorized Person 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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10/2017 FORM 632 - Revised: 10/2017