RI SOS Filing Number: 201883000150 Date: 12/20/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of S	State - Bus	siness Services	s Division		SECRÉT CORPO 2018 DEC
Annual Report for the	year:	2018			RECE TAR ORAI
Limited Liability Comp					O ARY
→ Filing period: Septembe → Filing Fee: \$50.00	r 1 - Novemb	er 1			VED OF S ONS (
→ Penalty: Additional \$25.0	0 fee if form i	s not filed by Decen	nber 1.		STATE STATE
1. Entity ID Number	2. Exact name of the Limited Liability Company				- <u>- 1.:1.</u>
001675349	9 401 clean 11c				
3. NAICS Code	4. Brief des	cription of the charac	cter of business conducted in Rho	de Island	
561720] ma		•		
5. State of Formation	\ \				
亿		<u> </u>			
6. Principal Office Address			City	State	Zip
114 Lonsdale	2 Farm	1 Road	Cumperland	RI	02864
7. Mailing Address of Limited L	ability Compa	ny and Name or Title			
Jaryd Fortes			Contact Title OWNER		
Street Address	dale Fo	irm Thogd	Cumberland	State	P0860°
8. List ALL managers (names	and addresses) of the Limited Liab	lity Company, IF APPLICABLE - I	OO NOT LIST N	
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name	·	
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Ch	eck the box to it	ndicate an attachment
			ord with the Department of State. Cha		
Under penalty of perjury, I de statements, and that all state	clare and affi ments contai	irm that I have exan ined herein are true	nined this report, including any and correct.	accompanying	g schedules and
Name of Authorized Person				Date	
	Jarya	d fonces	3	112/3	20/18
Signature of Authorized Person	, Jw	yd fon	tes		
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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