

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2010 DEC 21 PM 2: 18

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	Lillian Company	·	
1. Entity ID Number 2. Exact name of the Limited Liability Company Com					
NAICS Code     4. Brief description of the character of business conducted in Rhode Island					
541690 medich services					
5. State of Formation No Income ever received					
5. State of Formation Chode Island LC Never used Since opened 2009					
6. Principal Office Address 123 Hilary Drive			Prandere	State	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name (Hadys Telane			Contact Title		
Street Address 23 1	lary	DV	city Providence	State PI	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name  No re			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 GLADYS HTELANGAD Date 12-20-18					
Signature of Authorized Person  Haly H Tela MM					

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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