RI SOS Filing Number: 201883234870 Date: 12/26/2018 4:00:00 PM

State of Rhode Island and Providence Plantations	2018	00 038 038
Department of State - Business Services Division	DEC	RET RET
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Annual Report for the year: <u>2018</u>	.P	상상
Limited Liability Company	22	SSG
→ Filing period: September 1 - November 1	 	<u>₹</u>
→ Filing Fee: \$50.00	Ċī	, m
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.		

1. Entity ID Number	2. Exact name of	of the Limited Lia	bility Company				
000155723	LGRENTER PRISES, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
541618	•						
5. State of Formation							
RI	ADVERTIZING & BUSINESS DEVELOPMENT						
6. Principal Office Address	. ^		City E. GAERAWICH	State	Zip		
2072 Minnie Nunn		E. GALKOWILD	15 1	028/8			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Street Address 2077 MIDDLE ROAD			CHY E. GREENWICH	State 2	Zip 02818		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name,	Manager Name						
Street Address City State Zip		Street Address					
City	State C	Zip 18	City	State	Zip		
Manager Name		Manager Name					
Street Address		Street Address					
City	State	Zıp	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 dec statements, and that all stater	lare and affirm in the second	that I have exam herein are true	nined this report, including any a and correct.	accompanying s	schedules and		
Name of Authorized Person Date				;			
Signature of Authorized Person		12/26/18					
Signature of Authorized Person							
· /	1						

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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