RI SOS Filing Number: 201883241120 Date: 12/26/2018 4:00:00 PM

| State of Rhode Island and Providence Plantations | | | | | <u> </u> |
|--|--|---------------------------------------|---|--------------------------|---|
| Department of State - Business Services Division | | | | | ORE |
| Annual Report for the year: $30/8$ | | | | | ECRETARY CORPORATI |
| Limited Lighility Company | | | | | |
| 7 I ling period. Gepteriber 1 - November 1 | | | | | 2 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | | | | | |
| Entity ID Number 2. Exact name of the Limited Liability Company | | | | | |
| 799893 | 893 227 Rand 1 | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 5. State of Formation Buy Real Estate, Sell Real Estate, Apartment Dentals | | | | | |
| RI. | , | | | · | |
| 6. Principal Office Address | | | City | State | Zip |
| 205 Watson St | | | $C \cdot F$ | RI. | 02863 |
| 7. Mailing Address of Limited Lia | bility Company a | ind Name or Title | of Contact Person | <u> </u> | |
| Contact Name Julio JAIMAN | | | Contact Title Persident | | |
| Street Address 31 GRAND St | | | City PROV | State P. J | Zip 02907 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name ZUILO ZAIMRIU | | | Manager Name | | |
| Street Address 31 GRAND S- | | | Street Address | | |
| City PLW. | State | 20901 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zıp | City | State | Zip |
| | | <u></u> | | Check the box to | o indicate an attachment |
| 9. Resident Agent in Rhode Isla | nd. This informatio | n is currently of rec | ord with the Department of | State, Changes require f | filing Form 642. |
| Under penalty of perjury, I dec statements, and that all states | clare and affirm ments contained | that I have exan I herein are true | nined this report, include and correct. | ling any accompany | ring schedules and |
| Name of Authorized Person Date | | | | | |
| LAMIAL OLLUL | | | | 1 12 | 1-26.2018 |
| Signature of Authorized Person | /11/x | Corre | ··· | | |
| <u> </u> | t/A/S/X | X.U.1.784 | | | |
| | | V | | | |

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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