State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ____ Climited Liability Company

2018

→ 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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1. Entity ID Number	2. Exact name of the Limited Liability Company						
799893	227 RAND LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	Buy Real Estate, Sell Real Estate, Aprelment Dentals						
5. State of Formation	Don as a serie of series of series of series						
RI.							
6. Principal Office Address			City	State	Zip		
205 Watson St			C.F.	RI.	02863		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Julio JAIMAN		Contact Title President					
Street Address 31 GRAW 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 ZUIIO ZAIMRU		Manager Name					
Street Address 31 GRAND S		Street Address					
City PRW.	State	Zig DS(J	City	State	Zip		
Manager Name		Manager Name	danager 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 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 /							
JULIO JAIMAN			· .	12-26.2018			
Signature of Authorized Person							
TILL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							

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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