- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- --> Penalty: Additional \$25.00 fee if form is not filed by December 1.

	T		A.W. A			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
794947	TAM	Truves	ment LLC	<u> </u>		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
454113	Sule of toys					
5. State of Formation			`			
8. Principal Office Address			City	State	Zip	_
907 WARWICK AJE			Warvick	BF	028	88
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Devel Kamailan			Contact Title OWNER			
20110 Gulf Blud Apt 600 #			ENDIAN Shores	State	Zip 3378	85
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name OCR			
Street Address			Street Address RAR			FAR DRAI
City	State	Zip	City	State	Zip 👺	ION: OF
Manager Name			Manager Name 73 OTA			
Street Address			Street Address — , m			
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 Date						,
Veresc Mamarian 12/18/18						
Signature of Authorized Berson						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

12:28

FILED

DEC 2 4 2018

BY NM D D W ORM 632 - Revised 10/201