RI SOS Filing Number: 201984236430 Date: 1/11/2019 4:00:00 PM

State of Rhode Island a  Department of S			s Division	_	
Annual Report for the y Limited Liability Comp  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	year: <u>}</u> any 1 - Novembo	018			SECRETARY OF SECORPORATIONS
1. Entity ID Number  5.3/92.5 3. NAICS Code	ED.	ne of the Limited Li COFESSIO cription of the chara	^	Price A	A Condsegn
5. State of Formation	Lai	ods capi	ng.		
6. Principal Office Address			City	State	Zip
103 walde ST			Providence	RI	02907
7. Mailing Address of Limited L		ny and Name or Tit	le of Contact Person	17,4	レスコーナ
Contact Name (-4:10 S dr.) = 01			Contact Title		
Street Address 103 Waldo 5T			City	State 13 J	Zip 02907
8. List ALL managers (names Manager Name	and addresses	) of the Limited Lia	bility Company, IF APPLICA Manager Name	BLE - DO NOT LIST	MEMBERS
Street Address  103 Waldo ST			Street Address		
City	State	Zip	City	State	Zip
Providence RT 0290			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Resident Agent in Rhode Is	land. This Infor	nation is currently of r	ecord with the Department of S		indicate an attachment
Under penalty of perjury, I o statements, and that all stat	eclare and af	irm that I have ex	amined this report, includi		
Name of Authorized Person				Date	
Signature of Authorized Person				1-11-19	
OFLias dele	02	- 470	· · · · · · · · · · · · · · · · · · ·		

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

JAN 11 2019

LLC.