Annual Report for the y	rear: <u> </u>	019			22 22
_imited Liability Company → Filing period: September 1 - November 1					PH S
→ Penalty: Additional \$25.00) fee if form is	not filed by Decemi	ber 1.		<u> </u>
1. Entity ID Number	2. Exact name of the Limited Liability Company				
911728	Trons GOBBL CONSTITUTION				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236220			i		
5. State of Formation					
NI					
6. Principal Office Address			City	State	Zip
1006 CHOMUS ST.			NOTH BUN.	RI	02914
7. Mailing Address of Limited Li	ability Compan	ly and Name or Title			
Contact Name DI PACUA			City State Zip 2565		
Street Address. 4 GMWDVIW AV.			City	State	Zip 2665
8. List ALL managers (names					
Manager Name DATHOWN D. POULLA			Manager Name		
Street Address 4 GANDVIW W.			Street Address		
CITYLOLD	State	Zin D2Y65	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
					ndicate an attachment
9. Resident Agent in Rhode Is					
Under penalty of perjury, I d statements, and that all stat	eclare and affi ements contai	irm that I have exar ined herein are true	mined this report, including and correct.	any accompanyin	g schedules and
Name of Authorized Person Date					
MATHOMI	2.8060	1 19		1/22	-/19

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

JAN 2 2 2019

BRY TIPZK