RI SOS Filing Number: 201985768660 Date: 2/1/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2018 **Limited Liability Company**

→ 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 509117	ł		ed Liability Company stments, LLC		·	
3. NAICS Code 53 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4. Brief des		character of business conducte	ed in Rhode Island		
Principal Office Address Matie Drive		-	City Warre n	State RI	Zip 02885	
7. Mailing Address of Limited Lia	bility Compa	ny and Name o	r Title of Contact Person	* . ; .		
Contact Name Thomas R. Furtad	0	-	Contact Title	<u> </u>		
Street Address 11 Katie Drive			City Warren	State RI	^{Zip} 02885	
8. List ALL managers (names ar	d addresses) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name		•	Manager Name			
Street Address			Street Address	- 		
City	State	Zip	City	State	Zip	
•				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This inform	ation is currently	of record with the Department of S			
Under penalty of perjury, I decistatements, and that all statem	are and affi	rm that I have	examined this report, includ			
Name of Authorized Person				Date		
Thomas R. Furtado				Q1P-	18	
Signature of Authorized Derson	fu (Sig	N DOCUMENT HERE			

MAIL TO:

Division of Business Services.

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

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

FORM 632 - Revised: 10/2017

