RI SOS Filing Number: 201985977800 Date: 2/5/2019 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:2 o\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\						· 5 플루트	
Limited Liability Company						고 웃유현	
→ Filing period: September 1 - November 1							
→ Filing Fee: \$50.00							
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.							
Entity ID Number	2. Exact name of the Limited Liability Company						
060815019	LAKUC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
445120	convenience shopper food much						
5. State of Formation	(onvenience-						
<u> </u>	L	(0)	·····	<u>-</u>		T	
6. Principal Office Address		. 1	City		State	Zip	
191- provi	den(6	place	<u> </u>	pridene	P.T.	62903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Lila B-thapa Contact Title owney							
Street Address 276 lowden Street City pawtuckel State &						Zip	
				-		62860	
8. List ALL managers (names ar	nd addresses) of	the Limited Liabi	7		DO NOT LIST ME	MBERS	
Manager Name lilaB thapq				Manager Name			
Street Address 276 lowden Sticct				Street Address			
cin pawtucker	State RT	Zip 02860	City	<u> </u>	State	Z ip	
Manager Name -				Manager Name —			
Street Address				Street Address			
City	State	Zip	City		State	Zip.—_	
		1	1	Chi	eck the box to indi	cate 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 dec							
statements, and that all statements contained herein are true and correct.							
Name of Authorized Person					Date	1	
lila B. thapa						5/2019	
Signature of Authorized Person							
1 D hard							
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MAIL TO:

Division of Business Services

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

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

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