



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
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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.

1. Entity ID Number 000164333		2. Exact name of the Limited Liability Company Livmax LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real Estate and Mortgage Marketing Services			
5. State of Formation RI					
6. Principal Office Address 1 Frederick Lane			City Cumberland	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael J Schlott			Contact Title		
Street Address 1 Frederick Lane			City Cumberland	State RI	Zip 02864
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael J Schlott			Manager Name		
Street Address 1 Frederick Lane			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Michael J Schlott				Date	
Signature of Authorized Person 				SIGN 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

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BY 2266T
FORM 632 - Revised: 10/2017