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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 FEB 12 PM 1: 43

Annual Report for the year: 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 | 2. Exact name of the Limited Liability Company | | | | |
| 000910815 | <u> </u> | den> | Brush co | MOM>. | LLC |
| 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 999999 | lane | esyte | sides of | AUTIS | |
| 5. State of Formation | | | | | |
| RI me industrinc Brushes | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 2) Forher ST | | | Providence | ME | 0270 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Schnifen Anzelone | | | Contact Title Member | | |
| Street Address Ruhe > | RI | City Providence | State | 21p02908 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zıp |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | Stale | Zip |
| Check the box to indicate an attachment | | | | | |
| 9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filling Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Date | | | | | |
| Jennifen, Invelone 2/10/19 | | | | | |
| Signature of Authorized Person | | | | | |
| MILLION TICLON | | | | | |
| | | | | | |

MAIL TO:

Division of Business Services

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

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

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BY JYRES

FORM 632 - Revised: 10/2017