State of Rhode Island and Providence Plantations	2018	<u>Çrij</u>
Department of State - Business Services Division	3	공항
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Annual Report for the year: 2018	730	50,
Limited Liability Company	<u> </u>	- W.O.
→ Filing period: September 1 - November 1		्रांचे र
→ Filing Fee: \$50.00	ယ္ထ	< <u></u>
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.		

1. Entity ID Number	2. Exact nar	ne of the Limited Lia	bility Company		·		
1338480	2. Exact name of the Limited Liability Company D+B BOUNCE HOUSE, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
ær 532284	<u> </u>						
5. State of Formation	RENTAL EQUIPMENT FOR AMUSEMENTS						
RHODE ISLAND							
	<u> </u>		l C.h.	Tours	m.		
6. Principal Office Address		City	State R1	Zip			
143 WARWICK AVE # 182		WARWICK	KI	02889			
7. Mailing Address of Limited Li	ability Compa	ny and Name or Title			·		
Contact Name MAYRA RAPOSO			Contact Title OWNER				
Street Address 1443 WARWICK AVE #182		City WARWICK	State	^{Zip} o 2889			
8. List ALL managers (names a	ind addresses) of the Limited Liabi	ility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	1	L		Check the box to	indicate an attachment		
9. Resident Agent in Rhode Isla	and. This inform	nation is currently of rec	cord with the Department of State	. Changes require fil	ing Form 642.		
Under penalty of perjury, I de statements, and that all state				any accompanyl	ng schedules and		
Name of Authorized Person			Date	Date			
MAYRA RAPOSO				20190318			
Signature of Authorized Persor	١ ــــــ	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
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·					A. A. C.		

MAIL TO:

Division of Business Services

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

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