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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 MAR 25 AM 11: 24

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Ently ID Number 2. Eget name of the Limited Liability Company 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation 8. Principal Office Address 6. Principal Office Address 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Corpus Name Corpus Name City. P. State J. D. A. State Street Address Street Address Street Address Street Address City. State City. State Anager Name Manager Name Street Address City. State City. Stat							
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7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Street Address. City P State I 202904 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address. City State Zip Manager Name Street Address City State 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 filing 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. Named Authorized Person W. P. Mailing Address III Changes require filing 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. Named Authorized Person W. Phould R. W. God P. W. Grow State Changes require filing Form 642. Date 3 - 27 - 15 Signature of Authorized Person	561750 5. State of Formation	kn	tal	Real Esta	i /c		
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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.ri.gov FILEL

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