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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1, WILL RESULT IN A \$25.00 PENALTY FEE.

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1. Entity ID No.	2. Exact name	of the limited liab	ourty company	( ) ) (	i	
000 9 50 79	16 All	or N	Juthin En	t-111		
3. State of Formation	4 Brief descrit	ption of the chara-	cter of business conducted in R	hode Island		
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5. Principal office address		' `	City	State	Zip	
105 langdo		<u> </u>	Provide	na KI	100207	
6. MAILING ADDRESS OF	F LIMITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:		
Contact Name			Contact Title	Contact ribe		
Street Address	711/11/	<del></del>	City	State	Zip	
Street Address			San Fr	ana ca CA	194121	
TUCT ALL MANACEDS	(NAMES AND ADDE	ESSEST OF THE	LIMITED LIABILITY COMPAN	<del>~~                                     </del>	T LIST MEMBERS	
("X" BOX FOR ATTAC	HMENT)	icases) or me	HINTED CINDICAT TOWNS	VI, () A( ) GOADEE - <u>DO 14.</u>		
Manager Name			Manager Name	Manager Name		
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City —	State	Zin	City	State	Zip	
A see Nome		<u>_</u> L	Manager Name		<del></del>	
Maurager Name			Williago Wallo	Maridgo Harito		
Street Address			Street Address	Street Address		
0.1100171001000						
City	State	Ζp	City	State	Zip	
8. RESIDENT AGENT IN				· · · · · · · · · · · · · · · · · · ·	····	
This information is curre	ently of record in the	Office of the Sec	cretary of State, Changes req	uire filing Form 642.		
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Form No. 632 Revised: 01/2012