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

RI SOS Filing Number: 201991118970 Date: 4/25/2019 4:00:00 PM

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.

					<u> </u>	
Entity ID Number     2. Exact name of the Limited Liability Company						
161519	196 G.C.C DEUP L.L.C					
NAICS Code     4. Brief description of the character of business conducted in Rhode Island						
1 7282991	)					
5. State of Formation	<del>′</del>					
1	10 -	<b>&gt;</b> • >				
R.I.	CONT	PRIAS	<del></del>		· · · · · · · · · · · · · · · · · · ·	
6. Principal Office Address			City	State	Zıp	
1436 E.WAllum LIC Rd			PASGAG	RIZ	02859	
7. Mailing Address of Li	mited Liability Compa	ny and Name o	or Title of Contact Person			
Contact Name John K. LACE			Contact Title	Contact Title		
Street Address			City	State /≥ 、 T	Zip	
1436 E. WALLE LE Rd			City PASLUAG	J, ≥, T		
8. List ALL managers (	names and addresses	s) of the Limited	Liability Company, IF APPLICAE		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	Zıp	City	State	Zıp	
				Check the box to	indicate an attachment	
9. Resident Agent in Rh	node Island. This inform	nation is currently	of record with the Department of Sta	ite. Changes require fili	ng Form 642.	
Under penalty of perjustatements, and that			examined this report, including true and correct.	g any accompanyir	ng schedules and	
Name of Authorized Person				Date	· .	
John 10	SACE			4/2	5/19	
Signature of Authorized	Person		·	1		
John K.	Lace					

MAIL TO:

**Division of Business Services** 

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

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

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FORM 632 - Revised: 10/2017