RI SOS Filing Number: 201993734510 Date: 5/20/2019 12:41:00 PM

State of Rhode Island and Providence Plantations

Department of	State - Bu	siness Serv	ices Division	PORATION		
Annual Report for the Limited Liability Com  → Filing period: Septemb  → Filing Fee: \$50.00  → Penalty: Additional \$25	pany per 1 - Novem		S 2019 M,	1 20 PH12:		
1 Entity ID Number	1	ame of the Limite	ed Liability Company			
1676044	the	Yurner	64 Etherreneur	ما کدرد	ess Summitu	
3. NAICS Code 5. State of Formation		•	haracter of business conducted in			
6. Principal Office Address	<u>-</u>	·	City	State	Zip /	
32 Pages	+		provdence	21	94502 029	
7. Mailing Address of Limited	Liability Comp	any and Name o	r Title of Contact Person			
Coplace Name Sucynsky			Contact Title			
Strong St Shryngky  Strong Additions  32 Daige St			city roudonce	State	57905	
8. List ALL managers (name:	s and addresse	s) 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	State	Zip	
		<u> </u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhode I	sland. This inform	nation is currently	of record with the Department of State.	Changes require fi	ling Form 642.	
	declare and af	firm that I have	examined this report, including a		<del></del>	
Name of Authorized Person				Date 12 May 2010		

MAIL TO:

**Division of Business Services** 

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

Authorized Person

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

**FILED** 

MAY 2 0 2019

A.A. 12:41 PORM 632 - Revised, 19/2017