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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Limited Liability Company CORPORATE SELECT

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2019 MAY 20 PH 12: 43

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→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000312002	L & L LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531190	Lease land for business operations				
5. State of Formation					
AI			·		
6. Principal Office Address			City	State	Zip
Waldons Way			Block Tr land	RI	02807
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Leone Leone			Contact Title Managing Mender		
Street Address Po Box 562			City Black Island		Zip 02 107
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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
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.					
Name of Authorized Person Date					
Name of Authorized Person Ellist Tank man, Esp. Date 5/14/2019					
Signature of Authorized Person					
Elist Tauban SIGN DOCUMENT HERE					

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 MAY 2 0 2019 VLL VES PS 12:47

FORM 632 - Revised: 10/2017