

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 2017

Filling 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.

1. Entity ID No. 1000791686	36 XNNA	NDALE ROAD	ility company				
3. State of Formation	4. Brief desc Real Est	cription of the charac	ter of business conducted in F	Rhode Island	···········		
RI	Kear Est	53	(117)				
5. Principal office address 90 Annandale Road			City Newport	State RI	Zip 02840		
}	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:			
Contact Name Marco Lukesch			Contact Title Member	Contact Title Member			
Street Address 38 E 64th St, Apt 2			City New York	State NY	Zip 10065		
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHMI	AMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO I	NOT LIST M	EMBERS	
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name	<u>l</u>		Manager Name	Manager Name			
Street Address			Street Address	·-	9 HA	ORP ORP	
City	State	Zip	City	State	Zip 23	DAN CH	
8. RESIDENT AGENT IN RHO	ODE ISLAND	I	·-,,·-,l		. <u></u> ω		
						7.77	
		FI	LED		II: 27	STATE	
		BY 8	23 2019 WPA7 .A.W.20	iA.m			

File Date
Check No
8y:
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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.

05/20/2019

Signature of Authorized Person

Date

Marco Lukesch

Print or Type Name of Authorized Person