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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

ECRETARY OF STATE CORPORATIONS DIV

2019 JUN -6 AM 10: 04

Annual Report for the year: 2018 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.

3. NAICS Code  3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island  3. Ball B  5. State of Formation  R J  6. Principal Office Address  5. West Hunt St  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Name  Contact Name  Contact Title  Cutry  State  City  Cutral Falls  State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	1. Entity ID Number	2. Exact name of the Limited Liability Company					
3. NAICS Code 236 119 4. Brief description of the character of business conducted in Rhode Island  B 21h Kitcheu , Pauling etc.  5. State of Formation  R J  6. Principal Office Address  State Flour St.  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title  City  State  City  City  State  City  Check the box to indicate an attachment of the 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		2. Exact name of the Limited Liability Company					
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5. State of Formation  R T  6. Principal Office Address  BR West Hunt St.  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  TONY MARTINES  City  Street Address  City  State  State  Stop  City  State  Street Address  City  State  Street Address  City  State  Street Address  Street Address  City  State  Street Address  City  State  Street Address  Street Address  City  State  City  State  Street Address  City  State  City  Check the box to indicate an attachment 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	3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
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·					Date	Date	
TONY MARTINEZ 06-06-2019	TONY MARTINEZ				06-06-2019		
Signature of Authorized Person  Signature of Authorized Person							

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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