

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 JUL 11 PM 2: 54

Annual Report for the year: 2019 **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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001671212	Em 5x	JUNE	LA MISPA	will	LLC !
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
492110			•		
5. State of Formation					
VI	Shi PPINW				
6. Principal Office Address			City	State	Zıp
5U NAY	SKITKAU	Providence	VIT	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LUIS LEDIN			Contact Title GENEVAL WARK 44.		
Street Address SU NAVNA SANGHT			City CVDL.	State	2ip 07407
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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	l		I Che	ck the box to indi	cate an attachment
9. Resident Agent in Rnode 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 9 2					
Luis Lyón				107/	10/19
Signature of Authorized Person					
FILED					

MAIL TO:

Division of Business Services

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

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

JUL 11 2019

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FORM 632 - Revised: 10/2017