



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV

2019 JUL 11 PM 2:54

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.

1. Entity ID Number <u>001671212</u>		2. Exact name of the Limited Liability Company <u>EMBASSY LA HISPANICA LLC</u>	
3. NAICS Code <u>492110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Shipping</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>50 NAVA BANGS STREET</u>		City <u>PROVIDENCE</u>	State <u>VT</u>
		Zip <u>02907</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>LUIS LEON</u>		Contact Title <u>GENERAL MANAGER</u>	
Street Address <u>50 NAVA BANGS STREET</u>		City <u>PROV.</u>	State <u>VT</u>
		Zip <u>02907</u>	
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	
Check the box to indicate an attachment: <input type="checkbox"/>			
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 <u>LUIS LEON</u>		Date <u>07/10/19</u>	
Signature of Authorized Person 			

FILED

JUL 11 2019

BY 87708

MAIL TO:

Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov