RI SOS Filing Number: 201915609900 Date: 8/26/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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1 2019 AUG 26 P 2: 49

→ 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  O01673608  BOTAN LLC  3. NAICS Code  1. A Brief description of the character of business conducted in Rhode Island  T22513  5. State of Formation  Fhode Island  6. Principal Office Address  1201 Douglas P. Ke  City  Suithfield  State  Too  Contact Name  Contact Name  Sam Brown  Contact Title	3/7
3. NAICS Code 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island  722513 5. State of Formation     Fhocke Island 6. Principal Office Address 221201 Douglas Pike 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Sam Brown  Contact Title	717
722 513  5. State of Formation  2 hode Island  6. Principal Office Address  1201 Douglas Pike  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Sam Brown  Contact Title	3/7
5. State of Formation Rhode Island  6. Principal Office Address 1201 Douglas Pike  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  San Brown  Contact Title	717
Fhode Island  6. Principal Office Address  2 1201 Douglas Pike  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  San Brown  Contact Title	717
Fhode Island  6. Principal Office Address  2 1201 Douglas Pike  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  San Brown  Contact Title	717
6. Principal Office Address  201 Douglas Pike  City  Suithfield  State  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  San Brown  Contact Title	717
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  San Brown  Contact Title	717
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Sam Brown  Contact Title	7/7
Contact Name Sam Brown Contact Title	
Contact Name Sam Brown Contact Title	,
Strong Address -	
Street Address 82 Winter Street City Woon Socket State RI Zip 028	395
8. List ALL managers (names and addresses) of the Limited Liability Company (F APPLICABLE - DO NOT LIST MEMBERS	
Manager Name Manager Name	
Street Address	ļ
Street Address	
City State Zip City State Zip	
State Zip	ļ
Manager Name Manager Name	<del></del>
Street Address	
Street Address	
City State Zip City State Zip	
State Zip	1
Check the box to indicate an attach	meet
3. Resident Agent in Knode Island. This information is currently of record with the Department of State. Change south 67:45	
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.	d
Name of Authorized Person	
Name of Authorized Person  Date	· <del>-</del> · · · · ·
Name of Authorized Person  Sour Brown  Date  08/26/19	
Name of Authorized Person  Date	

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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