



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

FILED

SEP 03 2019

BY H81 OS

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

1. Entity ID Number <u>001341385</u>		2. Exact name of the Limited Liability Company <u>LIABLE IMAGING, LLC</u>	
3. NAICS Code <u>541922</u>		4. Brief description of the character of business conducted in Rhode Island <u>Photographic services and post production</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>96 Moorland Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02905</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Arakel Ghajanian</u>		Contact Title <u>Owner</u>	
Street Address <u>96 Moorland Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02905</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Arakel Ghajanian</u>		Manager Name	
Street Address <u>96 Moorland Ave</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02905</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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>Arakel Ghajanian</u>			Date <u>8-29-19</u>
Signature of Authorized Person 			

MAIL TO:
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