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R.I. DEPT. OF STATE

BUS SYCS DETAMP

2019 SEP 20 PH 12: 00

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.

|  | <del></del>  |     |                       |       |                  |  |
|--|--|-----|-----------------------|-------|------------------|--|
| Entity ID Number   | 2. Exact name of the Limited Liability Company                                 |     |                       |       |                  |  |
| MN163033   | Rainmaker, LC  |     |                       |       |                  |  |
| 3. NAICS Code  | 2. A. Brief description of the character of business conducted in Rhode Island |     |                       |       |                  |  |
| しかろいし  | Personal Pagalan Maria   |     |                       |       |                  |  |
| 5. State of Formation  | Personal Property Munagement   |     |                       |       |                  |  |
| RI   | Marine_  |     |                       |       |                  |  |
| 6. Principal Office Address  |  |     | City                  | State | Zip              |  |
| 259 Sam Hell Road  |  |     | Guilford              | 4     | 06437            |  |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |     |                       |       |                  |  |
| Contact Name GAvin heur  |  |     | Contact Title Weinser |       |                  |  |
| Street Address 259 SAM Hen BA  |  |     | City Quilford         | State | 2ip 6437         |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS:  |  |     |                       |       |                  |  |
| Manager Name   |  |     | Manager Name SEP SCO  |       |                  |  |
| Street Address   |  |     | Street Address        |       | CE1<br>SY(<br>30 |  |
| City   | State  | Zip | City                  | State | Zip PM (ED)      |  |
| Manager Name   |  |     | Manager Name 2 V      |       |                  |  |
| Street Address   |  |     | Street Address        |       |                  |  |
| City   | State  | Zip | City                  | State | Zip              |  |
| Check the box to indicate an attachment  |  |     |                       |       |                  |  |
| 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  Date 9/18/2019  |  |     |                       |       |                  |  |
| Signature of Authorized Person  PIGN DOCKTON HEIRE   |  |     |                       |       |                  |  |
|  | - 0  |     |                       |       |                  |  |

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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BY PWOMX
A.A. 2:31 P FORM 632 - Revised: 10/2017