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State of Rhode Island a Department of S			Division	F	LED _	COMA BRO
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - Novemb	er 1	iber 1.	OCT	15 2019	STAMP 3 OS
Entity ID Number	2 Exact nar	me of the Limited Lia	hility Company			
BO 1225800	2. Exact name of the Limited Liability Company 100 december 200 decem					
(10 13 55 09 2 3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
593930	Securified Thustments					
5. State of Formation] _					
RI	1					
6. Principal Office Address		-	City		State	Zip
216 Gran (mais Road			Middle	letown	KI	02042
7. Mailing Address of Limited Li	ability Compar	ny and Name or Title	of Contact Person			
ContagnName Thornew 7	Contact Title					
Street Address Chay Chais Road			City Mida	dlesour	State RT	2ip 02842
8. List ALL managers (Agres a	nd addresses	of the Limited Liabi	lity Company, IF AP	PLICABLE - D	O NOT LIST M	EMBERS
Manager Name None			Manager Name NONE			
Street Address			Street Address			
City	State	Zip	City	_	State	Zip
Manager Name			Manager Name			
Street Address			Street Address			

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Zıp

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 corre

City

State

Name of Authorized Person

Signature of Authorized Person

SIGN DOCUMENT HE

State

Zip

Check the box to indicate an attachment

MAIL TO:

City

Division of Business Services

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

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