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## ent of State - Business Services Division

Annual Report for the year: **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	2. Exact name of the Limited Liability Company						
001669882	Moisan Manire, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
447190	Marine Repain						
5. State of Formation	1 '						
KI	_	•					
6. Principal Office Address	ı		City	1	State	Zip	
12d Ewing Ked			North	Kingstown	Rel	02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Danie (Molsan			Contact Title CEO				
Street Address v22 Euing Nd			City	Kingsdown	State	Zip 02852	
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							
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 Danie ( NoiSan Date 10/12/19							
Signature of Authorized Person SIGN DOCUMENT HERE							
en e							

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov OCT 18 2019 KM