RI SOS Filing Number: 201924964980 Date: 10/21/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ____

FIBEDMP

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.

······································						
Entity ID Number	2. Exact name of the Limited Liability Company					
000911710	Parlor LLC					
3. NAICS Code (3)	4. Brief description of the character of business conducted in Rhode Island					
53 Real Estate and Rental and	real estate holding company					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
32 Connecticut Avenue	ut Avenue			RI	02842	
7 Mailing Address of Limited Lia		and Name or Title		<u>. </u>	1	
Contact Name Elizabeth G Nocon		Contact Title Member				
Street Address 32 Connecticut Avenue		City Middletown	State RI	^{Zip} 02842		
8. List ALL managers (names ar		the Limited Liabi	lity Company, IF APPLICAE	BLE - DO NOT LIST !	MEMBERS	
Manager Name Kristen E Mashaw		Manager Name				
Street Address 32 Connecticut Aenue		Street Address				
City Middletown	State RI	Zip 02842	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
 	_	<u>. </u>	<u> </u>	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This informatio	n is currently of rec	ord with the Department of Sta	ite. Changes require filin	ig Form 642.	
Under penalty of perjury, I dec statements, and that all statem				g any accompanyin	g schedules and	
Name of Authorized Person				Date /	7	
Elizabeth G Nocon 10/lip/2019						
Signature of Authorized Person SIGN DOCUMENT HERE						
						

MAIL TO:

Division of Business Services

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

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