

Annual Report for the year: 2019
Limited Liability Company

OCT 212019

FIBEDMP

 \rightarrow 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	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	1				
Rhode Island					
6. Principal Office Address			City	State	Zip
32 Connecticut Avenue			Middletown	RI	02842
7 Mailing Address of Limited Lia		y and Name or Tit		- 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 a		of the Limited Lia	bility 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	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
	<u>.</u>			Check the box to i	ndicate an attachment
9. Resident Agent in Rhode Islan	nd. This informat	tion is currently of re	ecord with the Department of Sta	te. Changes require filin	ig Form 642.
Under penalty of perjury, I dec statements, and that all staten	lare and affire nents contains	n that I have exa ed herein are tru	mined this report, including and correct.	g any accompanyin	g schedules and
Name of Authorized Person				Date /	7
Elizabeth G Nocon		7		10/0	6/2019
Signature of Authorized Person	Co	S Jan 101	CUMENT HERE	•	· t

MAIL TO:

Division of Business Services

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

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