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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 OCT 22 PM 1: 08

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.

2. Exact name of the Limited Liability Company, SMAICS Code 4. Brief description of the character of business and data in Disability.					
State of Formation 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation					
K1	U	THL	elac est	744	
6. Principal Office Address			City	State	Zip
7 Mailing Address of Limited Liability Company and None on Tile			N Prividence	52	07-611
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title					
nodeen sattar			Contact Title manage 6		
Street Address 1 5 5 ca d Tive			City LineAn	State 6 3	Zip 02865
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
			Che	ck the box to ind	icate 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					
Nadaem Satta6 10222019					
Signature of Authorized Person					
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FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 122203H A:A: 1:090m.

FORM 632 - Revised: 10/2017