	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Con Annual Report Filing Period: September of			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2019</u>		
1. ID No. <u>00011031</u>	2		
2. Exact Name of the L	imited Liability Company <u>MR. US</u>	A, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. Mo	<b>ARTICLE III</b> Code that best describes the primary re information on <u>NAICS</u> can be found		by the entity. Download
the list of codes <u>here.</u> Mo <u>812310</u>	Code that best describes the primary re information on <u>NAICS</u> can be found	online.	
the list of codes <u>here.</u> Mo <u>812310</u>	Code that best describes the primary	online.	
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the list of codes <u>here.</u> Mo <u>812310</u> 4. Brief Description of th	Code that best describes the primary re information on <u>NAICS</u> can be found ne Character of the Business Which <u>ERING FACILITY</u>	online.	
the list of codes <u>here.</u> Mo <u>812310</u> <b>4. Brief Description of th</b> <u>OPERATE A LAUNDE</u> <b>5. Principal Office Addre</b> No. and Street: <u>22</u>	Code that best describes the primary re information on <u>NAICS</u> can be found ne Character of the Business Which <u>ERING FACILITY</u>	online.	
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the list of codes here. Mo <u>812310</u> <b>4. Brief Description of the</b> <u>OPERATE A LAUNDE</u> <b>5. Principal Office Addre</b> No. and Street: <u>22</u> City or Town: <u>P</u> <b>6. Mailing Address of L</b> Contact Name: Contact No. and Street: <u>224</u>	Code that best describes the primary re information on <u>NAICS</u> can be found the Character of the Business Which <u>ERING FACILITY</u> ess <u>4 EAST AVENUE</u> <u>WTUCKET</u> State: <u>R</u> imited Liability Company and Name Title: <u>HEAST AVENUE</u>	online. <b>is Actually Conduct</b> <u>U</u> Zip: <u>02860</u> <b>or Title of Contact</b>	ted in Rhode Island
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the list of codes here. Mo <u>812310</u> 4. Brief Description of the <u>OPERATE A LAUNDE</u> 5. Principal Office Addre No. and Street: <u>22</u> City or Town: <u>PA</u> 6. Mailing Address of L Contact Name: Contact No. and Street: <u>224</u> City or Town: <u>PA</u> 7. Name and Address of L	Code that best describes the primary re information on <u>NAICS</u> can be found the Character of the Business Which ERING FACILITY ess <u>4 EAST AVENUE</u> <u>WTUCKET</u> State: <u>R</u> imited Liability Company and Name Title: <u>4 EAST AVENUE</u> <u>WTUCKET</u> State: <u>F</u> f Each Manager of the Limited Liab ERS Individual Name	is Actually Conduct         I       Zip: 02860         or Title of Contact         I       Zip: 02860         I       Zip: 02860         I       Zip: 02860         Ad	ted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.
the list of codes here. Mo <u>812310</u> <b>4. Brief Description of th</b> <u>OPERATE A LAUNDE</u> <b>5. Principal Office Addre</b> <b>5. Principal Office Addre</b> No. and Street: <u>22</u> City or Town: <u>PA</u> <b>6. Mailing Address of L</b> Contact Name: Contact No. and Street: <u>224</u> City or Town: <u>PA</u> <b>7. Name and Address of DO NOT LIST MEMBE</b>	Code that best describes the primary re information on <u>NAICS</u> can be found the Character of the Business Which <u>ERING FACILITY</u> ess <u>4 EAST AVENUE</u> <u>WTUCKET</u> State: <u>R</u> imited Liability Company and Name Title: <u>4 EAST AVENUE</u> <u>WTUCKET</u> State: <u>F</u> f Each Manager of the Limited Liab ERS	is Actually Conduct         I Zip: 02860         or Title of Contact         XI Zip: 02860         ility Company, if Ap         Address, City or Town,	Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LIBIE ALONE 580 EAST AVENUE PAWTUCKET, RI 02860

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 25 Day of October, 2019 at 9:43:11 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>LIBIE ALONE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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