Annual Report for the year: 2019 **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.

RECEIVED	STAMP
SECRETARY OF STA	TE / Aprentia - 6, - 17 :

5018 NOA -1 WHII: 30

1. Entity ID Number 160033	2. Exact name of the Limited Liability Company AMIF,LLC					
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island THE BUYING, HOLDING AND SELLING OF REAL ESTATE					
5. State of Formation RHODE ISLAND						
6. Principal Office Address 1643 WARWICK AVE. #265			City WARWICK	State R I	Zip 02889	
7. Mailing Address of Limited Li	ability Compa	iny and Name o	r Title of Contact Person			
Contact Name ANN SCOTT			Contact Title			
Street Address 1643 WARWICK AVE. #265		City WARWICK	State R I	^{Zip} 02889		
8. List ALL managers (names a	nd addresse:	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST A	MEMBERS	
Manager Name N			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	
	<u>.</u>	·		Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently	of record with the Department of Sta	ate. Changes require filin	g Form 642.	
Under penalty of perjury, I de statements, and that all state	ciare and aff ments conta	īrm that I have ined herein are	examined this report, includir true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person RUSSELL GARRETT)		,		Date	2019	
Signature of Authors of Person)	ŞIG	N DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Ca 1019