

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.

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SECRETARY OF STATE CORPORATIONS DIV	
2019 NOV 12 PM 2: 50	i
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1. Entity ID Number 001682542		2. Exact name of the Limited Liability Company Medeiros Limousine Service, LLC				
3. NAICS Code 485320		Brief description of the character of business conducted in Rhode Island Limousine services				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
105 Vernon Street	Vernon Street			RI	02885	
7. Mailing Address of Limit	ed Liability Compan	y and Name or Tit	le of Contact Person	<u> </u>	·	
Contact Name Brian J. Medeiros			Contact Title Manager			
Street Address 105 Vernon Street			City Warren	State RI	^{Zip} 02885	
8. List ALL managers (nam	nes and addresses)	of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name Brian J. Medeiros			Manager Name			
Street Address 105 Vernon Street			Street Address			
City Warren	State RI	^{Zip} 02885	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<u></u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhod	e Island. This informa	ation is currently of n	ecord with the Department of	State. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all	-			ling any accompanyir	ng schedules and	
Name of Authorized Perso	·	·	· · · · · · · · · · · · · · · · · · ·	Date / /		
Brian J. Medeiros				11/9/19		
Signature of Authorized Pe	erson	SIGN	OCUMENT HERE			
WILLOWS J M	idevond			·		

MAIL TO:

Division of Business Services

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

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

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