RI SOS Filing Number: 202033122140 Date: 1/27/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 JAN 27 PH 2: 14

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.

1. Entity ID Number	2 Evact same	of the Lumited Lie	bile. Carran	_	=
TC 2000	2. Exact name of the Limited Liability Company				
568352	Lost Ireasures LLC				
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
448310	Purchase + Gales of Jewelry, Coins, Collectables Antiques + Firearms				
5 State of Formation	Antique	es & Firean	M 5		
<u>KZ</u>	~ , ,				
6. Principal Office Address			City	State	Zip
242 Middle St			Parket	J 82	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Acthoriel Landi			Contact Title		
Street Address 242 Middle St			City Particket	State	33860
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	Zıp	City	State	Zip
Check the box to indicate 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 Nathaniela Landi				Date /- 2	7-2020
Signature of Arthorized Person					

MAIL TO:

Division of Business Services

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

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

JAN 27 2020

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