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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STORY STATE

Annual Report for the year: Limited Liability Company

2017

2020 JAN 28 PM 12: 51

→ 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 Exact name of the Limited Liability Company 420205						
3 NAICS CODE 999999	NAICS Code 4. Brief description of the character of business conducted in Rhode Island DWWD & F 11 C TO ADMINISTER					
5 State of Formation PARTNERShip in PDCR AirCRAFT ANDW PAOSR 20						
6. Principal Office Address	dae l	OAO	Greenville	State	Zip 74	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Michael Robinson			Contact Title			
Street Address Dine 3	edge le	DAD	"Bleenwik	SUP	202898	
8. List ALL managers (names and addiesses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Cheul Robitson			Manager Name			
Street Address Pin Lldgc ROAD			Street Address			
city Geenville	State	36860	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Ch	eck 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 28/2020						
Signature of Authorized 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 FILED

BY R 2 8 2020 A A. 12:520

FORM 632 - Revised: 10/2017