RI SOS Filing Number: 202033596220 Date: 2/3/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 FEB - 3 PM 1:55

Annual Report for the year: 0019**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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1 Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
001684847	EM	Empire Stoup 1/6				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
531110		Real Estate				
5. State of Formation						
6. Principal Office Address	s	<u> </u>	City	State	Zip	
1515 Smi		Suite =	N. Prou	1. RI	02911	
7. Mailing Address of Limi	ited Liability Compa	iny and Name o	r Title of Contact Person			
Contact Name VICIOST			Contact Title	Contact Title		
Street Address 136 Windmill St.			City Prov.	State 737	Zip 02904	
8. List ALL managers (na	mes and addresses	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhoo	de Island, This inform	nation is currently	of record with the Department of	State Changes require filir	ng Form 642.	
Under penalty of perjury statements, and that all	y, I declare and affi statements conta	irm that I have ined herein are	examined this report, include true and correct.	ling any accompanyin	g schedules and	
Name of Authorized Person				Date 8/2/2020		
Signature of Authorized P	erson	SIC	ON DOCUMENT HERE		V	

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 10/2017