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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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→ 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					
1657440	MIR LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
238990		_	C .			
5. State of Formation	1	Temmy	bence henral			
RI	i.				ı	
6. Principal Office Address			City	State	Zip	
1340 HARSford ALL			Johnston	RF	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name MICHAEL J RIZZG UN			Contact Title			
Street Address 1340 HART for & BUL			City Junisian 1	State KI	Zip 02919	
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	Ζip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	<u> </u>			Check the box to in	dicate 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	Date	
My Me Muchael I K1230 Der				2.29	2.29.20	
Signature of Authorized Person						
V////h_						

MAIL TO:

**Division of Business Services** 

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

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

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