State of Rhode Island and Providence Plantations

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Annual Report for the year: 2020

**Department of State - Business Services Division** 

**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. Exact name of the Limited Liability Company				
_/338 <i>058</i>	Machel, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Real Estate				
531110					
5. State of Formation					
Rhode Island					
6. Principal Office Address	Principal Office Address			State	Zip
47 Rollingwood dr			Johnston	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Ewa Michalowski			Contact Title Member		
Street Address 47 Rollingwood Dr			City Johnston	State RI	<sup>Zip</sup> 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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Date					
Ewa Michalowski 3/2/26					
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov MAR 02 2020 BY Ch HM/TN

FORM 632 - Revised: 10/2017