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State of Rhode Island and Providence Plantations

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

2020 APR 14 P 12: 51

Annual Report for the year:	2018
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	Exact name of the Limited Liability Company						
100338	32 Sacket Street CC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
1501110	holding of real estate						
5. State of Cornation							
Kah					,		
6. Principal Office Address			City	State	Zip D 4 =		
32 unity St			hoonsocked	N.T	02895		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Ilauna Bull			City Woonsocket State RI Zip 02895				
Street Address 32 With St			city woonsucket	State RI	Zip 02895		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name	nager 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		
	<u> </u>		Che	eck the box to indi	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							
Janua Ball 4/14/05							
Signature of Authorized Person  JULIAN BALL  4/14/05  Signature of Authorized Person  JULIAN BALL  4/14/05							

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** 

APR 1 4 2020

FORM 632 - Revised: 10/2017