RI SOS Filing Number: 202039375900 Date: 5/6/2020 3:45:00 PM

(MM)	land and Providenc of State - Bus		ices Division	_		
Annual Report for the Limited Liability Co → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$2	mpany mber 1 - Novemb	er 1	ecember 1		STAMP FOR SECRETARY OF STATE USE ONLY BUSINESS BUSINESS STAMP	
1. Entity ID Number		2. Exact name of the Limited Liability Company				
000918021	CICLO	CICLON IMPORTS LLC				
3. NAICS Code 425120 5. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island IMPORT & EXPORT				
6. Principal Office Address			City	State	Zip	
6145 POST ROAD			NORTH KINGSTOWN	RI	02852	
7 Mailing Address of Limite	ed Liability Compar	y and Name or	Title of Contact Person			
Contact Name SEAN R. DOHERTY, ESQ.			Contact Title REGISTERED AGENT			
Street Address 6145 POST ROAD, UNIT 6			City NORTH KINGSTOWN	State RI	Zip 02852	
	nes and addresses)	of the Limited L	Liability Company, IF APPLICABLE -	DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	Cıty	State	Zıp	
			Cr	neck the box to i	ndicate 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

ESTEBAN CRUZ

Date

04/29/2020

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.ri.gov FILED

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FORM 632 - Revised: 10/2017