Limited Liability Compa		1 0				
→ Filing period: September 1 - November 1						
→ Filing Fee: \$50.00						
→ Penalty: Additional \$25.00 fee if form is not filed by December 1					R.I.	
1. Entity ID Number 2. Exact name of the Limited Liability Company						
1660864 Corinthia, Lic					8- 7.1.4 303	
3. NAICS Code 4 Brief description of the character of business conducted in Rhode Island 2007						
1531120 Real estate holding						
5. State of Formation						
PI						
6 Principal Office Address			City	State	Zip	
47 Wood Are.			Ballington	RI	02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Contact Title						
Street Address			City	State	Zıp	
47 Wood Ave			Backington	ر	02806	
8. List ALL managers (names and addresses) of the Limited Ciability Company of APPLICABLE DO NOT LIST MEMBERS						
Manager Name			Manage: Nami			
Street Address			Street Address			
City	State	Z·ρ	Gily	State	Zıp	
Manager Name			Managur Name			
Street Address			Streei Address			
City	State	Zφ	City	State	Zip	
Gt				L Check the box to in	heck 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 filling 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	•	
Chip Myler				7-1-	7-1-2020	
Signature of Authorized Person						

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

JUL 0 8 2020

BY C 88CC AM

A.A. 9.00 FORM 632 - Rovie