RI SOS Filing Number: 202048929200 Date: 8/21/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 AUG 21 PM 12: 15

Annual Report for the year: 2019__. **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.

Entity ID Number	2. Exact name	of the Limited Lia	bility Company		•	
<u>000149293</u>	100/49293 AKAUJO KEALTY, LLC					
3. NAICS Code	4. Brief descript	tion of the charac	ter of business conducted in Phot LEAS ING O	de Island	POTATE	
531110						
5. State of Formation AND ALL OTHER LEGAL AND						
KHODE ISLAND LAW FUL BUSINESS						
6. Principal Office Address 380 Menden-Ra			City anderdand	State /	21p 02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name JOSEPH	+ L. AR	CEUAS	Contact Title MANAGER			
Street Address, 200 OLD RIVE	RRD A	PT 44	CITYLINCOLN	State 7	Zip 02865	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Lo Seph	1. Avai	150	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 To SE f	7H 1. F	JRAU.	J _D	Date 8-16-2020		
Signature of Authorized Person						
	7	J				
MAIL TO:					:a/)	

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1 12:15

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