

Department of State - Business Services Division

Annual Report for the year: 2019 Limited Liability Company R.I. DEPT. OF STATE BUS SYCS DIV

2020 AUG 27 AM 11:59

→ 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 na	2. Exact name of the Limited Liability Company				
001657700		Modo Invistments LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
531390	I .	Gaural Contractor				
5. State of Formation	ヿ					
RI	j					
6. Principal Office Address			City	State	Zip	
10 Auduban Lone			Hope	P.T	02831	
7. Mailing Address of Limited	Liability Compa	any and Name o	r Title of Contact Person			
Contact Name ARF Shehadel			Contact Title Owner			
Street Address 81 Grey Fran Ame			City Providence	State ZI	Z1002908	
		s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST N	TEMBERS	
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 in	ndicate an attachment	
9. The Resident Agent informa	ation currently o	of record with the	e RI Department of State is accur	ate. Changes require	filing Form 642.	
Under penalty of perjury, I d statements, and that all stat	leclare and aff ements conta	irm that I have ined herein are	examined this report, including true and correct.	any accompanying	schedules and	
Name of Authorized Person				Date		
<i>A</i>	ehadeh		08/27/2020			
Signature of Authorized Perso	3					
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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: 08/2020