RI SOS Filing Number: 202059483780 Date: 9/30/2020 4:00:00 PM



State of Rhode Island

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

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Annual Report for the year: \_ **Limited Liability Company** 

2828 SEP 30 AM 10: 44

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

ightarrow Penalty: Additional \$25.00 fee if form is not filed by December 1.

505025	, Z. CXACCHAINE	of the Limited Lia	ability Company /			
3 NAICS Code	1650T	I 108000	na 1	LT CAR	PENTR	y works L
J. INAIGO GOGE	4. Brief descrip	otion of the charac	cter of business co			/
238350	CARPEL	TRY D	ODES		/	
5. State of Formation		TE	M MO	IDING		
RI		, -	<b>/</b> /			
6 Principal Office Address			City	_	State	Zıp
55 FARM ST			PROVII	ENCE	ZI	02908
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Perso	n		
Contact Name  LUIS VIIIEGA 6			Contact Title  OWNEZ  City  PIZOVINEWCE  State  PI 02908			
Street Address_			City	0/11/=	State	Zip 2408
8. List ALL managers (names and addresses) of the Limited Liab					O NOT LIST ME	<i>()G" () </i>
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zıp
Manager Name			Manager Name		1	
Street Address			Street Address			
<del></del>	State	Zıp	City		State	Zip
City	i	l.				
City	<del></del>	- *-		Che	ck the box to ind	icate an attachment
9 The Resident Agent informatio	n currently of re	ecord with the RI I	Department of Sta			
9 The Resident Agent informatio  Under penalty of perjury, I deci	lare and affirm	that I have exan	nined this report,	te is accurate. C	hanges require fi	ling Form 642.
9 The Resident Agent information Under penalty of perjury, I decistatements, and that all statements.	lare and affirm	that I have exan	nined this report,	te is accurate. C	hanges require fi accompanying s	ling Form 642.
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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