FILED

Annual Report for the year: 2020 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.

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BY_	OCT 01 2020	

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Entity ID Number	2. Exact name of the Limited Liability Company					
000443113	Rhino LLO					
3. NAICS Code 5. State of Formation RI		scription of the c nd managing rea		acter of business conducted in Rhode Island ate.		
6. Principal Office Address			City	State	Zip	
14 Balsam Lane			Smithfield	RI	02917	
7. Mailing Address of Limited Lia	bility Compa	any and Name o				
Contact Name Kevin Rainone			Contact Title Member			
Street Address 14 Balsam Lane			City Smithfield	State RI	^{Zip} 02917	
8. List ALL managers (names a	nd addresse	s) of the Limited		BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					ndicate an attachment	
9. The Resident Agent information						
Under penalty of perjury, I dec statements, and that all staten	lare and aff nents conta	īrm that I have ined herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person	Date					
Kevin Jay Rainone		09/28/2020				
Signature of Authorized Person	<u> </u>	,	-			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov