RI SOS Filing Number: 202062939470 Date: 10/6/2020 4:00:00 PM

State of Rhode Island Department of S

Department of State - Business Services Division

FILED

OCT 06 2020

Annual Report for the year: __ Limited Liability Company 2020.

2. Exact name of the Limited Liability Company

sental

Contact Title

Manager Name

Street Address

Manager Name

Street Address

City

City

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

W. Kingston

Resignitial

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

531110

6. Principal Office Address

5. State of Formation

3. NAICS Code

ContactoName

Street Address

Manager Name

Street Address

Manager Name

Street Address

City

Taul

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

Hundred the long had E.

State

State

statements, and that all statements contained herein are true and correct.

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - I

Zip

Zip

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de Island		
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	State RJ	02892
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	State R I	02892
OO NOT LIST MEMBERS		
	State	Zip
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1.

Name of Authorized Person

Date

State

10/1/2020

Zip

Check the box to indicate an attachment

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