

State of Rhode Island 6

Department of State - Business Services Division

R.I. DEROCE STATE BUS SYCO DIV

Annual Report for the year: Limited Liability Company

2019

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1 Entity ID Number 2. Exact name of the Limited Liability Company					
140959 >	1 /UL	Eaul	11	_	
NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation to the tarkers and direct to consumer.					
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The state of the s					
6. Principal Office Address			City	State	Zip
10+ Charunth Rd			Mo. Compotium	n	(1)857
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contad Name anthe Sousa			Contact Title OUNEY		
Street Address from the Rd			Ro, Kingstran	State	287827
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Check the box to indicate an attachment					
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 statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Date					
Monique Sousa, 10/29/200					
Signature of Authorized Ferson					
(Mono					
	V				

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: 08/202