

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

1. Entity ID Number						
2. Exact name of the Limited Liability Company						
3. NAICS Code		House W				
raum	4. Brief de	Brief description of the character of business conducted in Rhode Island				
31110		2.16	1 1-	1.1		
5. State of Formation	1)-	la Es	State Res	ntalo		
6. Principal Office Address				<u> </u>		
7. Mailing Address of Limited		eet	City	ston State	^{Zip} 02905	
Confact Name	/	any and Name o		n /		
Street Address	bape	se	Contact Title	- Member		
304	1 BROX	40 Str	eet ciry Crans	Itou State	Zip 17905	
o. cist ALC managers (name	is and addresse	ട) of the Limited	Liability Company, IF Al	PPLICABLE - DO NOT LIST	MENDEDO	
Manager Name			Manager Name	TOTAL DONO LIGHT	MEINREKS	
Street Address			Street Address			
City	State	Zip				
		2 16	City	State	Zip	
Manager Name			Manager Name			
0: 44.1					· 	
Street Address			Street Address	Street Address		
City						
	State	Zip	City	State	Zip	
9. Resident Agent in Rhode Ir	-1			Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Is Under penalty of perjury, I o	iland. This inform	nation is currently r	of record with the Departme			
Under penalty of perjury, I of statements, and that all state Name of Authorized S.	feciare and affi	irm that I have o	examined this report, ir	ncluding any accompanying	echadulae and	
Name of Authorized Person	dinents contain	ned herein are	true and correct.		aciiadulas aliu	
11 54	\mathcal{A}	Date				
Signature of Authorized Perso	Signature of Authorized Popular				9-20	
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MAIL TO:

Division of Business Services

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