RI SOS Filing Number: 202077288390 Date: 11/23/2020 4:00:00 PM



State of Rhode Island

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

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2020 NOV 23 PM 2: 47

Annual Report for the year: 2019 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 5	-441			···· <u>-</u>
001605 AD O	2. Exact name of the Limited Liability Company				
001087007	LATIORK LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
484110 TOPALEDER ATION					
5. State of Formation					
RHODE ISLAND	·				
6. Principal Office Address			City 🤏	State	Zip
	AVE. A		PROVIDENCE	RI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name EMMANUEL EVBOHOW Contact Title OWNER					
Street Address P. D. Br	$2x2^{5}$	1840	CITY PROVIDENCE	State	zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
			Manager Nam		
<u> </u>		<del></del> ,			٠
			Street Addres		
<b>;</b>			J		
Manager Name			· · · · · · · · · · · · · · · · · · ·		
Street Address			Street Address		
City	State	Zip	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					
EMMANUEL EVBOHDIN 4/18/2020					
Signature of Authorized Person					
3					

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** 

NOV 2.3 2020 632 - Revised: 08/202