RI SOS Filing Number: 202078385610 Date: 12/2/2020 4:00:00 PM



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.

| | FILED | STAMP |
|-----------|--------------|------------|
| DV | DEC 0 2 2020 | STATE TATE |
| вт | 1090 | _ |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|---|---|---------------------|----------------------------------|--------------------------|----------------------|--|--|
| 000137754 | D'ENCOLE GNOUP HEMTI | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 501120 | | | | | | | |
| 5. State of Formation $\mathcal{H} \in \mathcal{M}$ | | | SPATE | | | | |
| K, I. | | | | | ! | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 2800 PLAINA | IELO I | PICE | CAPUTON | NI | 02927 | | |
| 7. Mailing Address of Limited Lia | bility Compan | y and Name or Titl | e of Contact Person | | | | |
| Contact Name PAUL D'EXCOLE | | | Contact Title ONNER | | | | |
| Street Address 2800 PLAINFIELD PIKE | | | City CRANSTON | State N.J. | Zip 02921 | | |
| 8. List ALL managers (names ar | nd addresses) | of the Limited Liat | pility Company, IF APPLICABLE - | | | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | l | | - 1. | l heck the box to inc | licate an attachment | | |
| 9. The Resident Agent information | on currently of | record with the RI | Department of State is accurate. | - | | | |
| | lare and affire | m that I have exa | mined this report, including an | | | | |
| Name of Authorized Person | Date | | | | | | |
| PAUL DU | 11-27-20 | | | | | | |
| 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