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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV TA. IP

2020 DEC -7 PM 12: 30.

Annual Report for the year: 2020

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

6. Principal Office Address City State Zip			
3 NAICS Code 4. Brief description of the character of business conducted in Rhode Island 54/60 5. State of Formation RT 6. Principal Office Address 80 Dartmouth St. 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
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80 Dartmouth St. Pautucket BI 02 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	J		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	 -		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Rouman at Track Contact Title Manager Contact Title	260		
Contact Name Raymond Traccord Contact Title Manager	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person		
- Tarifficant October			
Street Address Dartmonth St City Dawtucket State BT Zip Of	2860		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
anager Name Ray mond Deacon Manager Name			
Street Address Street Address Street Address	.∞		
Cirp Pawtucket State RT D2860 City State Zip	SU8 30 :		
Manager Name Manager Name	7.0 1.1 13.5		
Street Address Street Address	S 0.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1		
City State Zip City State Zip	ATE		
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 Raymond Deacon Date 12/1/20			
Signature of Authorized Person Just month () Leur			

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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