RI SOS Filing Number: 202081417180 Date: 12/23/2020 4:00:00 PM

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State of Rhode I	Island and Providen	ce Plantations		_		
/ B # 1	t of State - Bus		es Division			
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•		2019			RECEI R.I. DEPT. O BUS SVI	
Annual Report for	the year	W11				
Limited Liability C	•				PEC	
> Filing period: Sept	•	ber 1			W KOT	
→ Filing Fee \$50 00)				SHE	
→ Penalty Additional	\$25.00 fee if form i	is not filed by Deci	ember 1.	_	 220	
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1 Entity ID Number	2 Exact na	ime of the Limited I	Liability Company			
000132219	Com	PLETE HAY	Cione 140			
3 NAICS Code	4. Brief des	scription of the char	acter of business conducted in R	thode Island		
812/99		ings Trai				
5 State of Formation	— ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		N I WE			
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RI						
6 Principal Office Addres			City Wake Freld	State	Zip	
86	ok Curhs	Comer Rd	Marchiere	RI	07879	
7 Mailing Address of Lim	nited Liability Compa	inv and Name or Tr	tle of Contact Person	1 0		
Contact Name			Contact Title			
LYNNE CIANCIOLO			menber mangaca			
Street Address			City	State	Z10 ~~	
PO 10x 7.7		-3 of the L t d L	SAMPEN TOWN	72.1	02874	
Manager Name	ames and addresse:	s) of the Limited La	bility Company IF APPLICABLE	- DO NOT LIST	MEMBERS	
inariago ivaire			Manager Name		1	
Street Address		_, .,	Street Address			
		•				
City	State	Zmp	City	State	Zıp	
Manager Name		 _ <u> </u>	Manager Name	1	1	
				_		
Street Address			Street Address			
Car		15:		Ta .		
City	State	Ζιρ	City	State	Z10	
	<u></u> .		- 1	Check the box to	indicate an attachment	
9 Resident Agent in Rho	de Island. This inform	hation is currently of r	ecord with the Department of State (
	ry, I declare and aff	irm that I have exi	mined this report, including a			
Name of Authorized Pers		 		Date 10	10-10-0	
Lyme Cit	Avoido			17	1931201	
Signature of Authorized F	Person					
Signature of Authorized F	Gea	new	2000 BAT REE			
MAII TO:			FILED		FILED	
MAIL TO: Division of Business Ser	rylces		• •			
148 W. River Street, Provi		d 02904-2615	DEC 23 2020		DEC 2 3 2020	
Phone: (401) 222-3040			O(,	