

Annual Report for the year: 2017 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
0000 314475	the gign (IC.						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
713900							
5. State of Formation	7 94m						
RI							
6. Principal Office Address			City	State	Zip		
2168 DIAMON D HII RP			Woonsweller	RI	02895		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name			Contact Title				
Jua 11h V Sullian			build				
Street Address 2 60 Diamy Hu Ro			City WOULJAL	State H+	<sup>Z10</sup> 024.95		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
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		
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							
Juith / Sullyer / 108/2021							
Signature of Authorized Person							
Grach V Susun							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov en en

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BY AZCGN