RI SOS Filing Number: 202193061990 Date: 2/26/2021 8:35:00 AM



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIV

2021 FEB 26 AM 8: 34

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.

4.5.0.15.4	т 					
1. Entity ID Number (506/58/50)	2. Exact na	2. Exact name of the Limited Liability Company Two Rivers Populty Solotons WC				
3. NAICS Code	4 Brief des	4 Brief description of the character of business conducted in Rhode Island				
531110	R	19/05/	tite Inre	1 201		
5. State of Formation		$-\eta$ $-\sigma \iota$	47	2/60-1/		
RI						
6. Principal Office Address	1/1		City	/ State	Zip 4.3	
34 Woodland 5/			Tralech	et RI	02 767	
7. Mailing Address of Limite	ed Liability Compa	ny and Name o	or Title of Contact Person			
Contact Name Rothur Cooper			Contact Title	Contact Title Own CC		
Street Address & Woodland 51			City Pawful	Ket StateRI	Zip 02860	
8. List ALL managers (narr	nes and addresses	s) of the Limited	Liability Company, IF APPL	ICABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			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.						
			examined this report, incl			
statements, and that all s	tatements conta	ingd herein are	true and correct.		/ /	
Name of Authorized Person Active Cooper 2/25/2021						
Signature of Authorized Person						
Lyw word						
				, 		

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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FORM 632 - Revised: 08/2020