

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ 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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FILED was	
MAR 15 2021 21	-
34 1981	

1. Entity ID Number	2. Exact na	me of the Limited	Liability Company			
764960	2. Exact name of the Limited Liability Company					
3 NAICS Code	4 Brief description of the character of business conducted in Rhode Island					
492110	J Direct GC3	enpron or pie cita	inacter or pasimess contracte	50 III 101008 ISIQINO		
5. State of Formation	-					
5. State of Formation					,	
K I	1 130	ocking.		· · · · · · · · · · · · · · · · · · ·		
6 Principal Office Address		ر	City	State	Zıp	
284 Dudlay St.			Providence	z RI	02920	
7. Mailing Address of Limited Li	bility Compa	ny and Name or 1	little of Contact Person			
Contact Name Joseph I Quiroa			Contact Tifle Owner /			
Street Address D Q Q 7			Cny	State	Zip C . O	
A List All managers (names a	XX s	17747 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984	Draucen Sassin	كالمنا والمساوية	102909	
Manager Name	ild scoresses	y or trie children co	Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name		1	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zp	
		 _	·	Check the box to	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently of	record with the Department of	State Changes require filir	ng Form 642	
Under penalty of perjury, I de statements, and that all state.	ciare and affi ments contai	irm that I have ex ined herein are t	camined this report, inclu- rue and correct.	ding any accompanyin	g schedules and	
Name of Authorized Person Torge Quiroa				Date	Date03-16-12021	
Signature of Authorized Person		<u>-</u>	B			
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		// 	777	-		

MAIL TO:

Division of Business Services

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

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