

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

2021 APR 22 1 8:09

→ Filing Fee: \$50.00

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

4.5.6.45.4			_		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
7 -	freez	UM Do	1940 MENTS		
3. NAICS Code •	Brief description of the character of business conducted in Rhode Island				
531110	ľ	1001	-		
5. State of Formation	1	lem t	STATE		
RI					
6. Principal Office Address	•		City	State	Zip
450 Pontres Ave			Phov.	PI	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LEO Weeks			Contact Title DWW		
Street Address 450 Portols Art			City Prov.	State 2I	Zip 02957
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	Zie	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
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 deci statements, and that all statem	are and affirm t ents contained	hat I have exam herein are true	ined this report, includ and correct.	ing any accompanying	schedules and
	EKS _			Date 04/2	11 21
Signature of Authorized Person					

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**

APR 2 2 2021

KL 84307

8:40