

**Department of State - Business Services Division** 

R.I. DEPT. OF STATE BUS SYCS DIV

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

2021 MAY 13 PM 2: 14

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	12 Event sees	A SAN TELEVISION AND A	122.0			
MALL OF THE PROPERTY OF THE PR	2. Exact name	2. Exact name of the Limited Liability Company				
00/1/00/85	IEAN RONTY, LIC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
	Commercial & Residential units					
RI	TOR	70016	( RentorL)			
6. Principal Office Address			City	State	Zip i	
184 AT MANTIC AVE			Providence	RI	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title						
Edner JEW			Contact Title OWNER			
Street Address TIANTIC ALC			Providence	State)	Zip 2907	
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	Zıp	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 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						
toner Jean 5/13					3121	
Signature of Authorized Person						
1				<u> </u>		

MAIL TO:

Division of Business Services

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

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