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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2015 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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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 21 P 12: 03

F			···,		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001683784	Mistre Aufo Solon, IK				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
811192	Car acharlion				
5. State of Formation					
27					
6. Principal Office Address			CitX	State	Zıp
140 Mande Wele So			Kondenee	M	00908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Street Address			City PW	342	Zip COS/ATS
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Brez			Manager Name		
Street Address 100 Chadavity St			Street Address		
city Pwv	State	Zp 02438	city Rm	State	21p
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 ,					
Tolirenne Beez 5/21/21					
Signature of Authorized Person					
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MAIL TO:

Division of Business Services

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

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

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