RI SOS Filing Number: 202198527400 Date: 6/22/2021 4:00:00 PM



State of Rhode Island

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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1. Entity ID Number	2 Event seems	- (A - 1 : - 'A - 1 1)	122.0		
	2. Exact name of the Limited Liability Company				
00/694174	4. Brief description of the character of business conducted in, Rhode Island				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
813410	A Company dedicated to givin line coach to the Mothers.				
5. State of Formation	10 oach to the Mothers.				
6. Principal Office Address			City	State	Zip
22 Miller Criche			Lohnston	27	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Warso (CAMIS			Contact Title PRESIdent.		
Street Address			City (State	Zip
			MOUNELEN	Rt	02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Маладег Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
Harisal Camilo				6.22.21	
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

FORM 832 - Revised: 08/2020