



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2016
Limited Liability Company

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUL 27 P 3:54

- 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 001249831		2. Exact name of the Limited Liability Company MANTOUR, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL STATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 145 SPRUCE STREET		City PROVIDENCE	State RI	Zip 02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOSEPH A. KARAM		Contact Title			
Street Address 81 HINES FARM ROAD		City CRANSTON	State RI	Zip 02921	
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	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 <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person JOSEPH A. KARAM				Date 07/27/2021	
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

JUL 27 2021
 BY N9W74
 3:55