Rhode Island							
Department of S	State - Busin	ness Service	s Divisi				7
- ne				FILED		et. · e	
Annual Report for the Limited Liability Comp	AUG 27 2021 R.L. DEPT. OF STATE PUS SYCS DIV						
→ Filing period. Septembe → Filing Fee. \$50.00 → Penalty. Additional \$25.0			mber 1 P	144 JULY	,	ug 27 - AH 10: 1	. B
1 Entity 10 Number	2 Exact name	o of the Limited Lia	ability Com	pany	<i>\(\frac{\pu}{2}\)</i>		1
1004595 3 NAICS CODE	4. Brief descri	5 DOG	Tra	ness conducted in Rho	+ S' H	ing soul	UC
S State of Formation	000	train	4 _	1	,	J	
6. Pringipal Office Address	1,0		City	J	Letara	7:-	4
116 Liber	Ex	ALR	State	02827			
7. Mailing Address of Limited Li Contact Name	ability Company	and Name or Title	·]
Linda Rowers			CONDICT TIES DWNER				1
Street August 116 liberty Rd			cy Ex	ceter	SINCEL	202827]
8 List ALL managers (names a Manager Name	Hy Company, IF APPLICABLE - DO NOT LIST MEMBERS				4		
	_		Managor	Name			
Street Address			Sheet Address				1
City	State	Zρ	Caty		State	Zφ	
Manager Name				Manager Name			
Street Audress			Street Address				
Cny	State	Zip	Caty		Slate	Zqi	1
	<u> </u>			Che	ck the box to in	dicate an altachment	1
9. The Resident Agent informat							1
Under penalty of perjury, I de statements, and that all state	clare and affirm ments contains	that I have esan d herein are true	nined this	report, including any i	accompanying	schedules and	
Name of Authorized Person Anicle Bowers					S.	25-21	1
Signature of Authorized Person		Bues			•	-	1

MAIL TO:

Division of Business Services
148 W. River Stroet, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov