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Department of State - Business Services Division

Annual Report for the year: 2021 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.

R.I. DEPT. OF STATE BUS SYCS DIV

2021 AUG 30 P 1: 36

1. Entity ID Number	2 Event r	anne of the U.S.	Control of the Contro			
10/7/10/70	2. Exact name of the Limited Liability Company					
001/120/8		IWO COUSINS LLC				
3. NAIĆS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
331110						
5. State of Formation						
RI.		Real Estate				
6. Principal Office Address		2 /	City	State	Zip	
217 Old Rivel Rd			Linco	m RI	02865	
7. Mailing Address of Limited	Liability Comp	any and Name o	or Title of Contact Person		, , ,	
Contact Name Michel Boutton			Contact Title	Contact Title Plesident		
Street Address 2170/d Rivel Rd			City Linco	In State RI	Zip 02865	
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPI	LICABLE - DO NOT LIST N	IEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
Manager Name			Manager			
			Manager Name			
Street Address			Street Address	Street Address		
04.						
City	State	Zip	City	State	Zip	
				Check the box to in	idicate an attachment	
9. The Resident Agent information	ation currently (of record with the	e RI Department of State is	accurate. Changes require	filing Form 642	
Under penalty of perjury, I d statements, and that all stat	declare and aff	irm that I have	examined this report inci	luding any accompanying	schedules and	
Name of Authorized Person	M	che	la Bouldo	Date	-30-21	
Signature of Authorized Person						
		10410	11/06/11/01			
FILED						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 3 0 2021

BY Ch (1# 1013