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State of Rhode Island

## **Department of State - Business Services Division**

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→ 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 (10 Number	-	<del>, .</del>						
5. State of Formation  6. Principal Office Address  440 Outan Ave  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title  Contact Title  City Low State C   Zip O Z807  8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  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 d'Author de Person  Date Manager Person  Date Manager Person  Date Manager Name	1. Entity ID Number 795124	2. Exact name of the Limited Liability Company  OHSTORE MARKET CLC						
6. Principal Office Address  HO OLAM AVE  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title  Street Address  Name  Manager Name  Street Address  City  State  Zip  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 Manager Person  Date  Date  State  Date  Date  Date  State  Date  Date  State  Da	3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
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Street Address  Street Address  Street Address  City State Zip Zip OZSO7  8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Street Address  City State Zip City State Zip  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 Authorities Person  Date	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
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Street Address  City State  Zip City State Zip  Manager Name  Street Address  Street Address  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 filling 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  8/25/2004	8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
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SOBON L. VILA 8/25/2021	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.							
Signature of Authorized Person	SOBJU L. VILA 8/25/2021							
	Signature of Authorized Person	X	Mel	<b>2</b>	,	7		

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

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