RI SOS Filing Number: 202101638650 Date: 9/16/2021 2:39:00 PM

State of Rhode Island

Department of State - Business Services Division

RACEIVED RALDEPTLOF STATE BUS SVCS DIV

Annual Report for the year:

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.

2021 SEP 16 PM 2: 36

	-						
1. Entity ID Number 000789915	2. Exact name of the Limited Liability Company						
3. NAICS Code 531116	Brief description of the character of business conducted in Rhode Island						
5. State of Formation	Illal Estate						
16/		6310	· ·				
6. Principal Office Address 905 Uanstan St			Cransto	M	State	Zip OLGO	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name DUSSAYN CLUSSO			Contact Tite Lana gel				
Street Address Cruns	<u> </u>		cin)ranst	7()	State	Zip (2920)	
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				
Ch	State ()	Zip —	City		State	Zìp	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
			·	Che	ck the box to indi	cate 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							
bassan Chibbo					9-10-21		
Signature of Authorized Person (15 (City & City &							
I JUNIO (XIVIX)							
					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 SEP 1 6 2021