State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year: 2021
Limited Liability Company

DCT 0.8 2021

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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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2. Exact name	of the Limited Lia	ability Company	_	1 (C () ()			
2. Exact name of the Limited Liability Company Mustang, LLC							
4. Brief description of the character of business conducted in Rhode Island							
to acquire, own, hold, improve, manage, operate and sell real property and any and all							
lawful business thereto							
6. Principal Office Address			State	Zıp			
16 White Rock Road			RI	02816			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Armand L. Ethier			Contact Title Member				
Street Address 16 White Rock Road			State RI	^{Z₁p} 02816			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Armand L. Ethier			Manager Name				
Street Address 16 White Rock Road			Street Address				
State RI	^{Zip} 02816	City	State	Zip			
Manager Name			Manager Name				
Street Address			Street Address				
State	Zip	City	State	Zιρ			
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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							
Armand L. Ethier, Managing Member				4/21			
Signature of Authorized Person SIGN DOCUMENT HERE							
	4. Brief descrip to acquire, o lawful busin bility Company a r Road d addresses) of er Road State RI State d. This information fare and affirm tents contained	4. Brief description of the characto acquire, own, hold, important lawful business thereto bility Company and Name or Title Road d addresses) of the Limited Liab er Road State RI Zip 02816 State Zip d. This information is currently of reclare and affirm that I have examinents contained herein are true Member	4. Brief description of the character of business conducted to acquire, own, hold, improve, manage, operate lawful business thereto City Coventry	4. Brief description of the character of business conducted in Rhode Island to acquire, own, hold, improve, manage, operate and sell real proper lawful business thereto City			

MAIL TO:

Division of Business Services

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

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