RI SOS Filing Number: 202104422300 Date: 10/29/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of S	State - Busine	ess Services	Division		5 3	
Annual Report for the : Limited Liability Comp → Filing period: Septembe → Filing Fee: \$50.00 → Penalty: Additional \$25.0	r 1 - November 1		nber 1.	BY_	OCT 2 9 2021	<u>} </u>
1. Entity ID Number 120304	2. Exact name	of the Limited Lia $N - OI$	bility Company	11/	<u> </u>	
3. NAICS Code 3. NAICS Code 5. State of Formation	4. Brief descript	ion of the charac	ter of business con	,	_	
6. Principal Office Address 2953 ##A	NTFORD	Acc	City SOUA.	STUY	State 12 I	02919
7. Mailing Address of Limited L	iability Company a	nd Name or Title	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Contact Name WILLIA	AM IL	FINENE	Contact Title	WAER	<u>)</u>	
Street Address 2953	City JOH	WAER MSTCA	State 7.	4902919		
8. List ALL managers (names	and addresses) of	the Limited Liabi				MBERS
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
Manager Name			Manager Name			
Street Address			Street Address			

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.

City

Name of Authorized Person

State

RAIMENE

Zip .

Date

State

Zip

Check the box to indicate an attachment[

Signature of Authorized Person

MAIL TO:

City

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov