RI SOS Filing Number: 202104960460 Date: 11/8/2021 4:00:00 PM

State of Rhode Island 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. 	

1. Entity ID Number SO 25 7 Exact name of the Limited Liability Company SO 25 7 Exact name of the Limited Liability Company Exacts of business conducted in Rhode Island FRAI STATE OWNERSHIP A WANAGEMENT State 6. Principal Office Address Exact State Ownership A WANAGEMENT State 7. Mailing Address of Limited Liability Company and Name or Title of Contact Title AWAGE 7. Mailing Address of Limited Liability Company and Name or Title of Contact Title AWAGE 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE, DO NOT LIST MEMBERS Manager Name AWAGE 1. State North State Nort								
3. NAICS Code 5 3 1 3 2 0 4. Bnef description of the character of business conducted in Rhode Island FRAI ISTAIC COMMUNITY HUNDAGEMENT 5. State of Formation 6. Principal Office Address B ATTA VISTA AWAR 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Manager Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE, DO NOT LIST MEMBERS Manager Name Manager Name Manager Name Street Address 8. ATTA VISTA AR Street Address 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 Manager Parison Address Date 14 4 2 1	1. Entity ID Number	2. Exact name of the Limited Liability Company						
5. State of Formation R I 6. Principal Office Address B ATA VISIA BUILD 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name BNES TOWN City Dunceton Contact Title AUM A MUNAGO Street Address B ATA USA AR City Dunceton State N Zip 8540 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE, DO NOT LIST MEMBERS Manager Name Manager Name Manager Name Manager Name City Munceton Street Address Street Address Street Address Street Address City State Check the box to indicate an attachment S. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. Under penaltry 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 Manager Name Date Date	509257	Elephant Kock LLC						
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Signature of Authorized Person WYN ONA ONA ONA ONA ONA ONA ONA O				Date 11/4	Date 11/4/2/			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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