

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\frac{20}{30}$ **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Repulty: Additional \$35.00 foo if form is not filed by December 4

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→ Penaity' Additional \$25.0	u tee it torm is n	ot filed by Decen	nber 1.			
Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company				
765609	Drer	thre	Avenue	116		
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island					
531390						
5. State of Formation	Veal Estate					
RI		0 - 1011				
6 Principal Office Address			Сру	State	Zıp	
41 Prentice	L ave	-	Pautucket	R2	02866	
7. Mailing Address of Limited Li	ability Company	and Name or Title	of Contact Person			
Contact Name COSCO MOHUS			Contact Title			
Street Address Street Address Out of			CITY CLATTICKOL	State	Zip	
8. List ALL managers (names a	and addresses) of	the Limited Liabi	ility Company, IF APPLICABLE - I	DO NOT LIST ME	MBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9 The Resident Agent informat	on currently of re	cord with the RI	Department of State is accurate (Changes require f	iling Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and affirm ments contained	that I have exam I herein are true	nined this report, including any and correct.	accompanying :	schedules and	
Name of Authorized Person				Date	-	
Jasan Monthus					2/202/	
Signature of Authorized Person						
<u> </u>						

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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