



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

Annual Report for the year: 2017  
**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.

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|   |       |  |      |                   |              |
|---|-------|--|------|-------------------|--------------|
| 1. Entity ID Number<br><b>000900622</b>   |       | 2. Exact name of the Limited Liability Company<br><b>ALC Copies LLC</b>  |      |                   |              |
| 3. NAICS Code<br><u>323111</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br>Copy and digital print business |      |                   |              |
| 5. State of Formation<br>Rhode Island   |       |  |      |                   |              |
| 6. Principal Office Address<br>1155 Westminster Street #208   |       | List the address of the principal office for the LLC.  |      | State<br>RI       | Zip<br>02909 |
| 7. Mailing Address of Limited Liability Company   |       | Contact Person   |      |                   |              |
| Contact Name<br>John Chmil  |       | Contact Title<br>Owner   |      |                   |              |
| Street Address<br>1155 Westminster Street #208  |       | City<br>Providence   |      | State<br>RI       | Zip<br>02909 |
| 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   |      |                   |              |
| City  | State | Zip  | City | State             | Zip          |
| Manager Name  |       | Manager Name   |      |                   |              |
| Street Address  |       | Street Address   |      |                   |              |
| City  | State | Zip  | City | State             | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |      |                   |              |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642  |       |  |      |                   |              |
| <i>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.</i> |       |  |      |                   |              |
| Name of Authorized Person<br><u>John Chmil</u>  |       |  |      | Date<br>4/20/2020 |              |
| Signature of Authorized Person<br>  |       |  |      |                   |              |

**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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