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Department of State - Business Services Division

2021 DEC 30 P 3: 17

Annual Report for the year: 202 2

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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| | | HOLINES DY DE | cember 1. | - | | | |
|--|--|---|--|----------------|------------------------|--|--|
| 1. Entity ID Number | 2 Exact page | 20 0545 - 1 to 12 0 | | | | | |
| 85 + 432100 | 2. Exact name of the Limited Liability Company | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Physical U.C. | | | | | | |
| 72646 | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 436118 | 1 _ | | | | | | |
| 5. State of Formation | コートル | ding of | Dosari | | | | |
| [Kt | | is ne | Design | | | | |
| 6. Principal Office Address | _ <u></u> | | | | | | |
| 570 Broad of | | | City | State | Zip | | |
| 7. Mailing Address of Limited Liability Company and Name or Title Contact Name | | | Mouidance | RI | 02907 | | |
| Contact Name | ability Company | and Name or T | itle of Contact Person | | | | |
| - Tracile | | | Contact Title | | | | |
| Street Address | | | 0.3 | | | | |
| 2585 Damond Hill Rd | | | Cumberland | State 0 T | 0286L | | |
| Managers (names a | ind addresses) | of the Limited Li | ability Company, IF APPLICABLE | DO NOT LIET | 106866 | | |
| 8. List ALL managers (names and addresses) of the Limited Lia Manager Name | | | Manager Name | | | | |
| Street Address | | | | | | | |
| | | | Street Address | | | | |
| City | State | Zip | City | 1 | | | |
| Manager Name | | | | State | Zip | | |
| | | | Manager Name | | | | |
| Street Address | | | Street Address | $\overline{}$ | | | |
| City | , , , , , , , , , , , , , , , , , , , | | Sueet Angress | · | | | |
| City | State | Zip | City | State | Zip | | |
| | L | | | 3.8.2 | 21p | | |
| 9. The Resident Agent information | OB CUSTORNIU of a | | Ch | eck the box to | indicate an attachment | | |
| Under penalty of penury, I dec | lare and offer | ecord with the R | Department of State is accurate. | | | | |
| statements, and that all states | nents containe | i criac i nave exi Id herein are tri | amined this report, including any use and correct. | accompanyin | g schedules and | | |
| Name of Authorized Person | | | ro and correct. | | | | |
| MARÍA ROSA TAKUMA | | | | | | | |
| Signature of Authorized Person | >\rac{1}{2} | DRUMP | \ | <u> </u> | 130/2021 | | |
| CATA | | | | | , | | |
| - wayer | nu - | | | - | | | |
| | | | | FILE | } | | |
| MAIL TO: | | | | DECOA | 2024 | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov DEC 3 0 2021