

1. Entity ID Number	2. Exact name of the Limited Liability Company			
1753070	MAPOGO "	رر د		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
524210	<u> </u>			
5. State of Formation	Insurance Agency			
K7				
6. Principal Office Address		City	State	Zip
872 Smith	nfield Ave	Lincoln	PI	0285
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Ramon	Rali	Contact Title	<u></u> -	
Namon	LX+ ances	MANAGER		
Street Address BOX 28604		cin Providence	State RJ	Zip (12908)
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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	efances	Date 3 /20	5/24	
Signature of Authorized Person				

MAIL TO:

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

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