

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2015

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company		LLC	
000789504	EMMANUE/S	im portune'S A	nd RER	X SHOP	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
811111	CAY REPORT OF MECHANIC REPORT				
5. State of Formation	MECHANIC WOOK. EAY FLECTICAL WORK				
RHODE ISLAND	Air condition				
6. Principal Office Address		City	State	Zip	
1067 ELMWOOD AVE		Providence	RI	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
EMMANUEL HIGHAD DWNEY					
Street Address		City	State	Zip	
259indiANA AUE		PYDuidEnce	Rot	02905	
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					
Emmanuel HidulyD 9/13/20			12024		
Signature of Authorized Person					
Carl Hazo					

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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SEP 13 2024 BY CFB22

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