

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Climited Liability Company

→ 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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Entity ID Number	2. Exact name of the Limited Lia	ibility Company			
01780611	Feliz faci	126			
3. NAIGS Code 5. State of Formation	4. Brief description of the character of	cter of business conducted in Rho	de Island		
RI					
6. Principal Office Address	1	City	State	Zip	
485 hansto	· St	Provileres	RI	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Gontact Name FueliN 60	wda le z	Contact Title President			
Street Address	Aproviler	Provider	State	2ip 0.2907	
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.					
Mame of Authorized Person	1		Date 6 -3-	2035	
Signature of Aruthorized Person	al				

MAIL TO:

Division of Business Services

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

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