

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited 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	bility Company			
00050 7/521 Angela K	·Sharkey	1 1		
NAICS Code 4. Brief description of the characteristics.	ter of business conducted in Rhod	e Island		
531110 5. State of Formation Orean lan	guase Inter	pefor	and	
H Real Es	tate Servi	res	,	
6. Principal Office Address	City	State	Zip	
POBON F15	W. Kingston	2 <u>1</u>	02892	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	Contact Title	,		
Angela W. Sharkey	Meseder	1 <u>† </u>		
Street Address	City	State	Zip	
Santo as alyone	<u> </u>	L	<u></u>	
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		Date	1 6	
Angela K Sharl	Ley	6/31	2/25	
Signature of Authorized Person 2019ela	Sharper	1		

FILED

MAIL TO:

Division of Business Services

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

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