State of Rhode Island Department of State - Business Services Division	REC'O RI
Annual Report for the year: Limited Liability Company → Filing period: February 1 - May 1	IDOS 850 4411:49:41
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.	ļ

1. Entity ID Number	2. Exact name of the Limited Liability Company				
1761722	DIANAS MANAGE! 1/c				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
454110	anline Bushess Sellon unugon				
5. State of Formation			υ	•	
RI					
6. Principal Office Address		City	State	Zip	
146 Sixth A	NO NOONSOCKET		BE	02895	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
STOFNYSON 1	20/CE				
Street Address		City	State	Zip	
1465/x+hAU		WOONSOCKET _	RI	02895	
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					
DSRFNYSON DOICE		17709/25			
Signature of Authorized Person					
DWRID					

FILED

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov