

## 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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1. Entity ID Number  2. Exact name of the Limited Liability Company  3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island  5. State of Formation  6. Principal Office Address  City  City  State  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Name  City  Contact Title  City  Contact Title  City  City  Contact Title  City  Contact Title  City  Contact Title  City  City  Contact Title  City  City  Contact Title  City  City  Contact Title  City  City  City  Contact Title  City  City  City  Contact Title  City  City  City  City  City  City  City  Contact Title  City							
5. State of Formation  6. Principal Office Address  City  City  City  Contact Name  Contact Name  Contact Title  Contact Title  Contact Title  Contact Title  Contact Title  Contact Title	1. Entity ID Number	2. Exact name of the Limited Lia!	bility Company				
5. State of Formation  6. Principal Office Address  City  City  City  Contact Name  Contact Name  Contact Title  Contact Title  Contact Title  Contact Title  Contact Title  Contact Title	001667044	L Rosc Ca	ort LLC				
5. State of Formation  6. Principal Office Address  City  State  Zip  City  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title  Company and Name or Title Adem  Amage  Amage  Amage  Amage  Amage  Contact Title	3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
6. Principal Office Address  City  State  Zip  College  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title  Contact Title  Contact Title	531311 Real Estate / Investment of MANGEMENT.						
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Momas Rabitatile  Adent Manager	5. State of Formation	1		V			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Momas Rabital R  Contact Title  Adent Manager	RI						
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title  Adam / Manageur	6. Principal Office Address		City	State	Zip		
Momas Ribitaile Contact Title Activity Activity	23 CAR	numy	NOIScituate	KT	07823		
Momas Ribitaile Contact Title Activity Activity	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
		Of I Contact Title					
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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 at statements, and that all statements contained herein are true and correct.							
Name of Authorized Person	· · · · · · · · · · · · · · · · · · ·	10mas Bohitai	M	Date 7//5	5/25		
Signature of Authorized Person	Signature of Authorized Person						

FILED

MAIL TO:

Division of Business Services

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

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