RI SOS Filing Number: 201988492850 Date: 3/12/2019 2:12:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

SECRETARY OF STATE CORPORATIONS DIV

2019 MAR 12 PM 2: 10

Annual Report for the year: \_ **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Event name of t	ha Limitad Lial	ality Company			· · · · · · · · · · · · · · · · · · ·
	2. Exact name of the Limited Liability Company					
876731	BUSY BUBBLES ILC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
8/23/0	Com of Laundromat and					
5. State of Formation  RT	Selling Lottary & Convenient store  BROOK DRIVE EAST GREENWICH RI 12818					
6. Principal Office Address	City		State	Zip		
1 VALLEY	BROOK	DRIVE	EAST GR	EENWICH	RI	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name NAVDE	Contact Title Manager -  City GREENWICH State RI Zip D2818					
Street Address 1 VALLEY B	City E. GREEN	<i>swich</i>	State R. T	Zip 02-818		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name  NAVDEEP MARTINS			Manager Name			
Street Address 1 VALLEY BROOK DRIVE  City Green with State 2T Zip D188			Street Address			
E. Green with State RI Zip 0186			City		State	Zip
Manager Name			Manager Name			
Street Address			Street Address			
City	State Z	Lip .	City		State	Zip
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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	
Signature of Authorized Person						
Signature of Authorized Person						
(NaN')						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAR 1 2 2019