RI SOS Filing Number: 202073124340 Date: 11/6/2020 3:16:00 PM



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2019 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

5. State of Formation RHODE ISLAND

6. Principal Office Address

250B CENTERVILLE RD

3. NAICS Code

514252

811192

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

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

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ny ⊢- No	ovember 1	•		FOR SECRETARY OF STATE USE ORLY				
fee if	form is not filed by l	December 1.	_					
	act name of the Limi	ted Liability Company SH, LLC						
4. Bri	ef description of the	character of business conducted	ın Rhode Island					
	WASH							
		City WARWICK	State RI	Zip 02886				
ility C	ompany and Name o	or Title of Contact Person		- 				
ILLO		Contact Title MEMBER						
LVD -	SUITE 1004	City WARWICK	State RI	Z _{IP} 02886				
addr	esses) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST I	WEMBERS				
		Manager Name						
		Street Address	Street Address					

EPETRILLO		Contact Title MEMBER				
SON BLVD - SUI	TE 1004	City WARWICK	State RI	Z _{rp} 02886		
nes and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
		Manager Name				
<u> </u>		Street Address				
State	Zip	City	State	Zıp		
Manager Name			Manager Name			
Street Address			Street Address			
State	Zıp	City	State	Zip		
- 				indicate an attachment		
rmation currently	of record with the	e RI Department of State is accu	rate. Changes requir	e filing Form 642.		
l declare and aff tatements conta	irm that I have ined herein are	examined this report, includin true and correct.	g any accompanyin	g schedules and		
1			Date			
			, NOV.5, 2020			
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1 / Del	Alle					
	State State State I declare and affitatements contain	SON BLVD - SUITE 1004 nes and addresses) of the Limited State Zip State Zip rmation currently of record with the I declare and affirm that I have tatements contained herein are	SON BLVD - SUITE 1004 City WARWICK mes and addresses) of the Limited Liability Company, IF APPLICAL Manager Name Street Address City Manager Name Street Address State Zip City City Translation currently of record with the RI Department of State is accult declare and affirm that I have examined this report, including tatements contained herein are true and correct.	SON BLVD - SUITE 1004 City WARWICK State RI Manager Name Street Address State Zip City Manager Name Street Address State State Zip City State Check the box to immation currently of record with the RI Department of State is accurate. Changes required to the contained herein are true and correct. Date Date NOV NOT LIST Manager Name Street Address Check the box to immation currently of record with the RI Department of State is accurate. Changes required the contained herein are true and correct. Date NOT Date NOT Date		

MAIL TO:

Division of Business Services

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

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

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