RI SOS Filing Number: 201752731550 Date: 11/2/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

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

Annual Report for the year: 2017
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 <b>139129</b>  | I _  |   | asing company                  |                            |                             |  |  |
|--|--|---|--------------------------------|----------------------------|-----------------------------|--|--|
|  |  | 2. Exact name of the Limited Liability Company  Apex, LLC |                                |                            |                             |  |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |   |                                |                            |                             |  |  |
| 52 523930  | Investments  |   |                                |                            |                             |  |  |
| 5. State of Formation  | 1  |   |                                |                            |                             |  |  |
| Rhode Island   |  |   |                                |                            |                             |  |  |
| 6. Principal Office Address  |  |   | City                           | State                      | Zip                         |  |  |
| 100 Main Street  |  |   | Pawtucket                      | RI                         | 02860                       |  |  |
| 7. Mailing Address of Limited Lia  |  | nd Name or Title  |                                |                            |                             |  |  |
| Contact Name Andrew A. Gates   |  |   | Contact Title Manager          |                            |                             |  |  |
| Street Address 100 Main Street   |  |   | City Pawtucket                 | State RI                   | <sup>Zip</sup> <b>02860</b> |  |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS |  |   |                                |                            |                             |  |  |
| Manager Name Andrew A. Gates   |  |   | Manager Name                   |                            |                             |  |  |
| Street Address 100 Main Street   |  |   | Street Address                 |                            |                             |  |  |
| City Pawtucket   | State RI   | <sup>Zip</sup> 02860                                      | City                           | State                      | Zip                         |  |  |
| Manager Name   |  |   | Manager Name                   |                            |                             |  |  |
| Street Address   |  |   | Street Address                 |                            |                             |  |  |
| City   | State  | Zip   | City                           | State                      | Zip                         |  |  |
| Check the box to indicate an attachment  |  |   |                                |                            |                             |  |  |
| 9. Resident Agent in Rhode Islan   | nd. This information   | is currently of rec                                       | ord with the Department of Sta | te. Changes require filing | Form 642.                   |  |  |
| Under penalty of perjury, I dec<br>statements, and that all staten   |  |   |                                | g any accompanying         | schedules and               |  |  |
| Name of Authorized Person  |  |   |                                | Date                       | Date                        |  |  |
| Andrew A. Gates  |  |   |                                | 10/31/17                   |                             |  |  |
| Signature of Authorized Person  SPER DECEMBER BEET  MICH.  |  |   |                                |                            |                             |  |  |

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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FORM 632 - Revised: 08/2017