RI SOS Filing Number: 201857809000 Date: 2/7/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

| 2018 FEB -7 | RECEIVED SECRETARY OF S CORPORATIONS |
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|--|--|---------------------|---|-----------------------|----------------------|--|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
| 834537 | 3D Development LLC | | | | | | |
| 3. NAICS Cope | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 5. State of Formation \mathcal{R} | Rear-Esitate | | | | | | |
| 6. Principal Office Address | ^ | | City | State | Zip | | |
| 498 BRODOWAY | | | PROVIDENCE | RZ | 02908 | | |
| 7 Mailing Address of Limited Lia | ability Compa | ny and Namé or | Title of Contact Person | | | | |
| Contact Name FRANK MIEIE | | | Contact Title menb-ox | menb-or | | | |
| Street Address 498 BROAdway | | | City PROV | State RZ | Zip 82908 | | |
| | | | Liability Company, IF APPLICABLE - | DO NOT LIST ME | | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | 7 7in | - City | State | Zip | | |
| Manager Name | · | | Manager Name | | | | |
| Street Address | | | Sireet Address | | | | |
| City | State | Zıp | City | State | Zip | | |
| | <u> </u> | <u> </u> | Ci | neck the box to inc | licate an attachment | | |
| 9. Resident Agent in Rhode Isla | nd. This inform | ration is currently | of record with the Department of State Ch | nanges require filing | Form 642. | | |
| Under penalty of perjury, I dec statements, and that all stater | | | examined this report, including any true and correct. | y accompanying | schedules and | | |
| Name of Authorized Person | | | · ·· | Date / | / | | |
| DAVE LUCIVERO | | | | | /18 | | |
| Signature of Authorized Person | | • | | <u>.</u> | | | |
| 7,110 | | | en EN | | | | |

MAIL TO:

Division of Business Services

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

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