RI SOS Filing Number: 202056627970 Date: 9/21/2020 11:07:00 AM



# State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

#### Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

**1. ID No.** 000841130

- 2. Exact Name of the Limited Liability Company SOUTHERN GRAPHIC SYSTEMS, LLC
- 3. State of Formation

State: KY

#### **ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

323120

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

#### PREPRESS GRAPHIC SERVICES

#### 5. Principal Office Address

No. and Street: CSC-LAWYERS INCORPORATING SERVICE

COMPANY 421 W. MAIN

City or Town: FRANKFORT State: FRANKFORT State

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

Contact Name: Contact Title:

No. and Street: 626 WEST MAIN STREET, SUITE 500

City or Town: LOUISVILLE State: KY Zip: 40202 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	DANIEL I MALINA	18442 NICKLAUS WAY EDEN PRAIRIE, MN 55347 USA
MANAGER	JOSEPH DOOLEY	190 LITTLE FOX LANE SOUTHBURY, CT 06488 USA
MANAGER	PIYUSH CHAUDHARI	626 WEST MAIN STREET, SUITE 500 LOUISVILLE, KY 40202 USA
MANAGER	ANTHONY MUNK	626 WEST MAIN STREET, SUITE 500 LOUISVILLE, KY 40202 USA
MANAGER	JEAN-CHARLES MORISSEAU	626 WEST MAIN STREET, SUITE 500 LOUISVILLE, KY 40202 USA
MANAGER	MICHAEL DUFFEY	626 WEST MAIN STREET, SUITE 500 LOUISVILLE, KY 40202 USA
MANAGER	CAMERON BANNON	626 WEST MAIN ST, SUITE 500 LOUISVILLE, KY 40202 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of September, 2020 at 11:13:50 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

### By MINAL MATHIAS Signature of Authorized P

Signature of Authorized Person

Form No. 632 Revised 09/07

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