

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE T

Joseph Desktop, LLC  3. State of Formation  RI  Computer + Network Troveleshopting + Repair  5. Principal office address  I DAWSON AVE  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name PATRICK E. MALONEY JR.  Street Address  City  Contact Title  Contact Ti		· · · · · · · · · · · · · · · · · · ·			bany	ited liability	name of the limited	Vo. 2. Exact
RI Comprter + Network, Trovileshorting + Regail  5. Principal office address 11 DAWSON AVE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name PATRICK E. MALONEY TO.  Street Address 11 DAWSON AVE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMIFIEL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address City Manager Name  Manager Name  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  Street Address  City State Zip  Manager Name					C	Hop, L	Dr Desk	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name PATRICK E. WALONEY J.C.  Street Address  1) DAWS DN AVA  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name  Street Address  City President  City State President  Manager Name  Manager Name  Street Address  Street Address  City State Zip  8. RESIDENT AGENT IN RHODE ISLAND		ınd	Rbode Islan	ch is actually conducted in	cter of the business whi	tion of the ch	4. Brief descriptio	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name PATRICK E, WALONEY JC.  Street Address  1) DAWS DN AVA  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name  Manager Name  Street Address  City  State  PATRICK E, WALONEY JC.  City  NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name  Street Address  City  State  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Ramager Name  8. RESIDENT AGENT IN RHODE ISLAND		L	lepair	Heshooting + 1	trock, Trov	ler + 1	Computa	I
Contact Name PATRICK E. MALONEY JR.  Street Address  1) DAWSON AVA  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name , PM Manager Name  Street Address  City PM State PM Zim City State Zip  Manager Name  Street Address  City State Zip  8. RESIDENT AGENT IN RHODE ISLAND	zip 0 2 888	State L/		WARWICK			Ave	
Street Address  O. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMITED		RSON:	ACT PERS	OR TITLE OF CONTA	PANY AND NAME	BILITY CO	IMITED LIABI	AILING ADDRESS OF L
Street Address  O. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMITED		7	ident	Contact Title Pres,	e.	ONEY	. MALO	PATRICK E
Street Address  City  Manager Name  Street Address  City  Manager Name  Manager Name  Street Address  City  State  Manager Name  Street Address  City  State  Street Address  City  State  Street Address	02888	State 1		WARWick			Ave	Address 11 DAWSON
Street Address  City  Ph State Ph Zin  City  Manager Name  Street Address  Street Address  City  State  Zip  Address  Street Address  Street Address  Street Address  Street Address  Street Address	<u>IEMBERS</u>							ME AND ADDRESS OF
City   State   Ph   Zin   City   State   Zip    Manager Name   Manager Name    Street Address   Street Address    City   State   Zip   City   State   Zip    8. RESIDENT AGENT IN RHODE ISLAND				Manager Name	pm			ger Name 🕡
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City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND	•••••		*********	Manager Name	****************			er Name
8. RESIDENT AGENT IN RHODE ISLAND			<del>.</del>	Street Address	Street Address			
	Zip .	State		City		Z	State	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11		I		•	:	<b>1</b>	DDE ISLAND	  SIDENT AGENT IN RH
		642 - R.I.G.L. 7-16-11	of Form 6	Changes require filing	Secretary of State.	Office of	f record in the C	nformation is currently of
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I ha	ive examined this report
including any accompanying schedules and statement	s, and that all statement
contained herein are true and correct.	
( 5 M 1 2 1	3/30/20

PATAICH E. MALS JEY JA.

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

MAR 3 0 2009

File Date

Check No.