



State of Rhode Island and Providence Plantations
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: 2014

1. ID No. 000508385

2. Exact Name of the Limited Liability Company F9 Systems, LLC

3. State of Formation

State: RI

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

To create develop and improve websites, web marketing and advertising,e-commerce systems, mobile communication systems and futuristic web technology solutions and to provide business solutions. To develop for marketing and advertIsing on the internet all sites and any and all technology based information to assist clients, directly and indirectly in the development expansion and growth of their business. To do any and all other acts or things that may be necessary appropriate proper advisable incidental to or convenient for the furtherance and accomplishment of the business of the company as herein contemplated. The company may also engage in any other lawful business or activity connected with or referable to its main purpose for which a limited liability company may be organized under the Act.

5. Principal Office Address

No. and Street: 22 DULLES STREET

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

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

Contact Name: VIJAY KUKREJA Contact Title: AGENT

No. and Street: 22 DULLES STREET

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

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

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

VIJAY I. KUKREJA 22 DULLES STREET CUMBERLAND , RI 02864

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

Signed this 8 Day of September, 2014 at 6:41:32 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 VIJAY KUKREJA
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved