



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|---|--------------------------|---------------------|---------------------|
| 1. Entity ID No. 159826 | | 2. Exact name of the limited liability company Digital Octane LLC | | | |
| 3. State of Formation S-Corp | | 4. Brief description of the character of business conducted in Rhode Island Creative, Digital Marketing | | | |
| 5. Principal office address 80 Fountain St. Suite 223 | | City Pawtucket | State RI | Zip 02860 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Aaron Ware | | Contact Title President | | | |
| Street Address 80 Fountain St. Suite 223 | | City Pawtucket | State RI | Zip 02860 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name Michael J. Chevalier | | Manager Name Jason Narciso | | | |
| Street Address 80 Fountain St. Suite 223 | | Street Address 80 Fountain St. Suite 223 | | | |
| City Pawtucket | State RI | Zip 02860 | City Pawtucket | State RI | Zip 02860 |
| Manager Name Aaron Ware | | Manager Name | | | |
| Street Address 80 Fountain St. Suite 223 | | Street Address | | | |
| City Pawtucket | State RI | Zip 02860 | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED

OCT 20 2014

BY CA 234661
3.42

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

AARON WARE
Print or Type Name of Authorized Person

2014 OCT 20 PM 3:39
SECRETARY OF STATE
CORPORATIONS DIV