

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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.	2. Exact nan	ne of the limited liabilit	y company			
502797	Custom Flow Solutions, LLC					
3. State of Formation	4. Brief desc	ription of the characte	r of business conducted in Rhoc	e Island		
Rhode Island	Development and Sale of Computer Software					
5. Principal office address 61 Doyle Avenue			City Providence	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMIT	ED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT F	PERSON:		
Contact Name Hanaan Rosenthal			Contact Title Manager			
Street Address 61 Doyle Avenue			City Providence	State RI	Zip 02906	
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT	ES AND ADD	RESSES) OF THE LII	MITED LIABILITY COMPANY, II	F APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Hanaan Rosenthal			Manager Name			
Street Address 61 Doyle Avenue			Street Address		5	
City Providence	State RI	Zip 02906	City	State	Z (5	
Manager Name			Manager Name		7 1	
Street Address			Street Address		3 200	
City	State	Zip	City	State	<u> </u>	
8. RESIDENT AGENT IN RHODE						
This information is currently of	record in the	Office of the Secreta	ary of State. Changes require	iling Form 642.		
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File Date			Under penalty of perj	ury, I declare and affi	rm that I have examined	
Check No	_		and that all statemen	ts contained herein a	Chedules and statement re-true and correct.	
			- fg-	TOR	09/25/2015	
FOR SECRETARY OF STATE USE ONLY			Signature of Authorized	Date		
			Hanaan Rosenthal, Manager Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012