

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 2013

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. 000506640	EEEICA	me of the limited liat X DATA SYSTE		å1		
3. State of Formation Rhode Island	4. Brief des	Brief description of the character of business conducted in Rhode Island Database Marketing				
5. Principal office address 228 Tanglewood Drive			City East Greenwich	State RI	Zip 02818	
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PI	ERSON:		
Contact Name Jeremy Kane			Contact Title Principal			
Street Address 228 Tanglewood Drive			City East Greenwich	State RI	Zip 02818	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	V-1-1-1	A litery	
Citv	State	Zip	City	State	Zip	
Manager Name	1		Manager Name		SECONO.	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip AND	
8. RESIDENT AGENT IN	RHODE ISLAND			<u> </u>		
This information is curre	= ==					
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FILED

APR 04 2016 By A. H. 11'.14 A.M

File Date	Under penalty of perjury, I declare and affirm this report, including any accompanying sche	dules and statement	
	and that all statements, contained herein are t	rue and correct.	
Check No	locar hove	3/29/16	
Ву:	Signature of Authorized Person	Date	
FOR CEORETARY OF STATE LICE ONLY	Jeremy Kane	,	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012