

State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

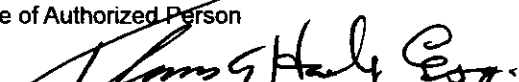
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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 APR 21 AM 9:13

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

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

1. Entity ID Number		2. Exact name of the Limited Liability Company			
000135117		XTREME COMPUTER, LLC.			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		FINANCIAL SERVICE S			
5. Principal Office Address		City		State	Zip
210 LONSDALE AVE		PAWTUCKET		RD	02860
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
THOMAS A HANLEY ESQ			REGISTERED AGENT		
Street Address			City	State	Zip
ONE WEST EXCHANGE ST			PROV	RD	02903
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
C					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
THOMAS A HANLEY ESQ				4/21/16	
Signature of Authorized Person					
					

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BY CH 272714