State of Rhode Island and Providence Plantations

Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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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 SERVICES

5. Principal Office Address	City	State	Zip
210 LONSDALE AVE	PAWTUCKET	RI	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	RI	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
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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: Thomas A Hanley Esq.

FILED C
APR 21 2016
BY CM 272714

Form No. 632
Revised: 2016