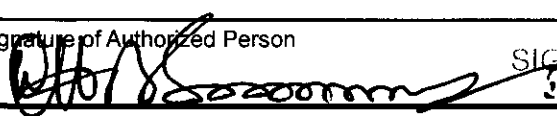




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001109911		2. Exact name of the Limited Liability Company COOLSOFT LLC			
3. State of Formation KY		4. Brief description of the character of business conducted in Rhode Island IT CONSULTING SERVICES			
5. Principal Office Address 1902 CAMPUS PLACE, SUITE 12		City LOUISVILLE		State KY	Zip 40299
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name BALA CHITTEM			Contact Title CHIEF OPERATING OFFICER		
Street Address 1902 CAMPUS PLACE, SUITE 12		City LOUISVILLE		State KY	Zip 40299
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 BALA CHITTEM				Date 8/18/2016	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
AUG 22 2016
BY 718705

FORM 600