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St St	ate of Rhode Island and I Office of the Secr		ions Fee: \$50.00
	Division Of Busir	less Services	
	148 W. Rive	r Street	
	Providence RI 0		
HOPE	(401) 222-	3040	
Limited Liability Comp	bany		
Annual Report			
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability c hitrity (30) days after the time pr		
16-66(b&c)) is subject to a p			
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>000159190</u>			
2. Exact Name of the Lin	nited Liability Company Gene	ral Packet, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE I		
	ARTICLET		
Using the following NAICS	codes, please select the code the	at best describes your b	usiness.
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD A. BOGUE, ESQ. 55 PINE STREET FIFTH FLOOR PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2016 at 9:42:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By **DENNIS DIBATTISTA**

Signature of Authorized Person

Form No. 632 Revised 09/07

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