

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

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PAILURE TO FILE THIS PAILURE TO FILE 1. Entity ID No. 00110099 2. Exact name of the limited liability company Streamline Digital Media, LLC 3. State of Formation 4. Brief description of the character of business conducted in Rhode Island RΙ Software Development, Marketing 5. Principal office address State 1 Richmond Sq, #151E 02906 Providence 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Vincent Ferrara Manager City State Street Address Zip RI Providence 02906 1 Richmond Sq, #151E 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Vincent Ferrara Street Address Street Address 1 Richmond Sq, #151E State City State City Zip RI 02906 Providence Manager Name Manager Name Street Address Street Address City State City State 8, RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

OCT 17 2016

By <u>A 286107</u>

File Date ______

Check No ______

By: ______

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Vincent Ferrara

Print or Type Name of Authorized Person