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 \$25.0	0 fee if form	is not filed by De	ecember 1.				
1. Entity ID Number	2. Exact name of the Limited Liability Company						
805539	Sign System Solutions, LLC						
3. NAICS Code 81 - Other Services (except	4. Brief description of the character of business conducted in Rhode Island Selected and services of the character of business conducted in Rhode Island						
5. State of Formation	Sales and service od\f architectural signage						
MA							
6. Principal Office Address			City	State	Zip		
7 Sadie Lane			Hopkinton	MA	01748		
7. Mailing Address of Limited L	iability Compa	any and Name or	Title of Contact Person				
Contact Name Stacy Burden		Contact Title Accounting	Contact Title Accounting Manager				
Street Address 34 Hayden Rowe Street		City Hopkinton	State MA	^{Zip} 01748			
8. List ALL managers (names	and addresse	s) of the Limited I	iability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	<u> </u>			Check the box to	indicate an attachment		
9. Resident Agent in Rhode Isla	and. This inforr	mation is currently o	f record with the Department of St	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, I de statements, and that all state				ng any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
Stacy Burden			10/14/2	10/14/2016			
Signature of Authorized Person	Sus,	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

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FORM 632 - Revised: 08/2016