	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability	Company	
Annual Report	abor 1 November 1	
iling Period: Septem		
	.I.G.L. 7-16-66(d), each limited liability company failing or refusing rt within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	t to a penalty fee of \$25.00.	
ANNUAL REPORT Y	(EAR: <u>2016</u>	
1. ID No. <u>0007</u>	95764	
2. Exact Name of t	the Limited Liability Company <u>UPLINC SYSTEMS, LLC</u>	
3. State of Formati	ion	
a a .		
State: <u>RI</u>		
State: <u>RI</u>	ARTICLE III	
Using the following N	NAICS codes, please select the code that best describes your business.	
Using the following N	NAICS codes, please select the code that best describes your business.	node Island
Using the following N NAICS Code 4. Brief Description REAL ESTATE	NAICS codes, please select the code that best describes your business.	node Island
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER W. WOODARD <u>10 KATIE DRIVE</u> WARREN, <u>RI</u> <u>02885</u>

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

Signed this 7 Day of November, 2016 at 1:49:15 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 <u>CHRISTOPHER W. WOODARD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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