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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

2017 JAH -4 AMII: 19

| 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.

| 4. Entity ID Number  | 2. Exact name of the Limited Liability Company                              |                     |                           |                      |                       |  |  |
|--|---|---------------------|---------------------------|----------------------|-----------------------|--|--|
| 1. Entity ID Number  |   |                     | bility Company            |                      |                       |  |  |
| 788590   | RIOK ENTERPRISES, LLC   |                     |                           |                      |                       |  |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                     |                           |                      |                       |  |  |
| 31-33 - Manufacturing  | DESIGNING & DEVELOPING PRODUCTS FOR THE COMMERCIAL & ELECTRICAL INDUSTRY,   |                     |                           |                      |                       |  |  |
| 5. State of Formation  | PRIMARILY PATENT IDEAS AND PARTNER WITH LICENSEES                           |                     |                           |                      |                       |  |  |
| RHODE ISLAND   |   |                     |                           |                      |                       |  |  |
| 6. Principal Office Address  |   |                     | City                      | State                | Zip                   |  |  |
| 10 ROGLER FARM ROAD  |   |                     | SMITHFIELD                | RI                   | 02917                 |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                     |                           |                      |                       |  |  |
| Contact Name MICHELLE LARAMEE  |   |                     | Contact Title MEMBER      |                      |                       |  |  |
| Street Address 10 ROGLER FARM ROAD   |   | City SMITHFIELD     | State RI                  | <sup>Zip</sup> 02917 |                       |  |  |
| 8. List ALL managers (names ar   | d addresses) o  | f the Limited Liabi | ity Company, IF APPLICABI | E - DO NOT LIST N    | 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 in  | idicate an attachment |  |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with 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  |   |                     |                           | Date                 |                       |  |  |
| MICHELLE LARAMEE 12/16/16  |   |                     |                           |                      | 4/16                  |  |  |
| Signature of Authorized Person SIGN DOCUMENT HERE  |   |                     |                           |                      |                       |  |  |

Division of Business Services

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