State of Rhode Island and Providence Plantations					
Department of S	tate - Busi	ness Service	s Division		
Annual Report for the y Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	year: any 1 - Novembe	r 1	mber 1.		R.I. DEPT. OF STATE R.I. DEPT. OF STATE 2017 MAR 21 PM 2: 37
0005/523/	2. Exact name of the Limited Liability Company (Interpressed LLC)				ω
3. NAICS Code 53 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island Recl Eslate				
6. Principal Office Address Rd Sinte 65			Nawich	State	Zip 02336
7. Mailing Address of Limited Lia	ability Company	and Name or Title			· · · · · · · · · · · · · · · · · · ·
Contact Name G/EN Ruci			Contact Title		
Streets Address Post Rd	Suite	6 S	City Jarrick	State	20298,
8. List ALL managers (names a	nd addresses)	of the Limited Liab		E - DO NOT LIST	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 i	indicate an attachment
9. Resident Agent in Rhode Isla	nd. This informati	on is currently of rec	ord with the Department of State	. Changes require filir	ng Form 642.
Under penalty of perjury, I dec				any accompanyin	g schedules and

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person x

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAR 21 2017

By 298815