	State of Rhode Isla  Department o
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## nd and Providence Plantations f 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 \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact nar	ne of the Limited Li	iahility Company			<u> </u>		
1657844	2. Exact name of the Limited Liability Company InnoVeek Products LLC							
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pub	Inventing, developing, manufacturing and sales of consumer products.							
5. State of Formation								
Rhode Island								
6. Principal Office Address			City		State	Zip		
83 Michigan Avenue			Warwick		RI	02888		
7. Mailing Address of Limited Lial	bility Company	y and Name or Title						
Contact Name Jason Durant			Contact Title Member					
Street Address 83 Michigan Avenue			City Warwick		State RI	Zip 02888		
8. List ALL managers (names an	id addresses)	of the Limited Liabi	ility Company, IF APPLIC	CABLE - DC	NOT LIST ME	MBERS		
Manager Name No managers	Manager Name No managers			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 indicate an attachment								
9. Resident Agent in Rhode Island				State. Chang	jes require filing Fo	orm 642.		
Under penalty of perjury, I decide statements, and that all statements.	are and affirm	n that I have exam	nined this report, includ					
Name of Authorized Person Date								
					5/17	/ <u>/                                   </u>		
Signature of Authorized Person	2							

MAIL TO:

**Division of Business Services** 

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

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