



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017
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 000736039		2. Exact name of the Limited Liability Company Interpad Trinity LLC			
3. NAICS Code 44-45		4. Brief description of the character of business conducted in Rhode Island Online Retail Business			
5. State of Formation RI					
6. Principal Office Address 102 Lonsashue St.		City Providence	State RI	Zip 02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MR FARAYE		Contact Title MANAGER			
Street Address 190 Broad Street		City Providence	State RI	Zip 02903	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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 indicate an attachment <input type="checkbox"/>					
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 Abiodun Egunjobi				Date	
Signature of Authorized Person <i>Abiodun Egunjobi</i>				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

FILED

JUL 31 2017

BY RC 17859422