

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2817 AUG 3 | AH 11: 42

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 Event name	of the dimeited lie	hall Comment		
	2. Exact name of the Limited Liability Company				
1077793	Ninesquares USA LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
8-/	import /exporting				
5. State of Formation	'	•	'		
R.J.					
6. Principal Office Address, 1020 Bald If W	pd		city Warwick	State p-	Zip 02886
——————————————————————————————————————				1	1-036
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kev: V			City Warwick State RT Zip 5386		
Street Address Bayd Hill Rd			city Waswick	State RJ	Zip 63886
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Kevin Le			Manager Name		
Street Address Bald Hll Rd			Street Address		
city Warnick	State RI	Zip62886	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. 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 Kevi'n Lo				Date 8/3///6	
Signature of Authorized Person					
				~	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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FORM 632 - Revis