s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
<b>1. ID No.</b> <u>001662501</u>			
2. Exact Name of the Limited Liability Company CoolaWeb LLC			
3. State of Formation			
State: <u>RI</u>			
0	Code that best describes the primary e information on <u>NAICS</u> can be found	-	entity. Download
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted in	Rhode Island
WEB DESIGN AND M	ARKETING		
5. Principal Office Addre	SS		
	5 MAIN AVENUE   ARWICK   State:	<u>RI</u> Zip: <u>02886</u> Co	untry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Perso	n:
No. and Street: 785	ATT Contact Title: <u>MR.</u> MAIN AVENUE		
City or Town: WA	RWICK State:	<u>RI</u> Zip: <u>02886</u> C	country: <u>US</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State,	Zip Code, Country
8. RESIDENT AGENT IN I	RHODE ISLAND - DO NOT ALTER		

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## JEFF PRATT 785 MAIN AVENUE WARWICK , RI 02886

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 15 Day of September, 2017 at 4:18:18 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>JEFF PRATT</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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