s s	tate of Rhode Island and Pro	audalamaa Diamta	
	Office of the Secreta		tions Fee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029	Street 04-2615	
HOPE	(401) 222-30	)40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000542067</u>	1		
2. Exact Name of the Lin	mited Liability Company <u>SKAE N</u>	NORTH EAST LLO	<u>C</u>
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
•	Code that best describes the primary e information on <u>NAICS</u> can be found		l by the entity. Download
<u>541330</u>			
4. Brief Description of the	e Character of the Business Whic	h is Actually Condu	ucted in Rhode Island
CONSULTING SERVIC	CES RELATING TO CRITICAL	SYSTEMS FOR D	ATA CENTER APPS
5. Principal Office Addres	SS		
	<u>48 RT 9W</u> .O. BOX 615		
	ALISADES State: <u>NY</u>	Zip: <u>10964</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Nam	e or Title of Contac	et Person:
	Title:		
Contact Name: Contact No. and Street: <u>34</u>	<u>8 RT 9W</u> O. BOX 615		
Contact Name: Contact No. and Street: <u>34</u> <u>P.0</u>	<u>8 RT 9W</u> O. BOX 615 ALISADES State: <u>NY</u>	Zip: <u>10964</u>	Country: <u>USA</u>
Contact Name: Contact No. and Street: <u>34</u> <u>P.(</u> City or Town: <u>PA</u>	<u>D. BOX 615</u> <u>ALISADES</u> State: <u>NY</u> Each Manager of the Limited Lia		
Contact Name: Contact No. and Street: 34 City or Town: PA	<u>D. BOX 615</u> <u>ALISADES</u> State: <u>NY</u> Each Manager of the Limited Lia	bility Company, if <i>I</i>	

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 26 Day of September, 2017 at 3:43:14 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>HITESH GANDHI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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