S S	tate of Rhode Island and F Office of the Secre		50.00		
	Division Of Busin	ess Services			
	148 W. River	r Street			
	Providence RI 02				
HOPE	(401) 222-	3040			
Limited Liability Com Annual Report Filing Period: September 1					
	7-16-66(d), each limited liability co in thirty (30) days after the time pre penalty fee of \$25.00.				
ANNUAL REPORT YEAR:	<u>2017</u>				
1. ID No. <u>001070213</u>	3				
2. Exact Name of the Limited Liability Company <u>DYNAMICLOGIC, LLC</u>					
3. State of Formation					
State: <u>DE</u>					
	ARTICLE II	I			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.					
<u>541810</u>					
4. Brief Description of th	e Character of the Business Wh	ich is Actually Conducted in Rhode Island	I		
ADVERTISING					
5. Principal Office Addre	SS				
No. and Street: <u>C/O V</u>					
	<u>ARK AVENUE, 4TH FL.</u> <u>YORK</u>	State: <u>NY</u> Zip: <u>10017</u> Country: <u>USA</u>	<u>v</u>		
6. Mailing Address of Li	mited Liability Company and Na	me or Title of Contact Person:			
Contact Name: KEVIN FAREWELL Contact Title: MANAGER					
No. and Street: <u>C/O W</u>					
City or Town: <u>NEW</u>	<u>ARK AVENUE, 4TH FL.</u> YORK	State: <u>NY</u> Zip: <u>10017</u> Country: <u>US</u>	<u>A</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	,		
MANAGER	KEVIN FAREWELL	C/O WPP, 100 PARK AVE., 4TH FL.			

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TOM LOBENE

NEW YORK, NY 10017 USA

C/O WPP, 100 PARK AVE., 4TH FL. NEW YORK, NY 10017 USA

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

CORPORATE CREATIONS NETWORK, INC. <u>10 DORRANCE STREET, SUITE 700</u> PROVIDENCE , <u>RI</u> 02903

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

Signed this 6 Day of October, 2017 at 4:05:48 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>KEVIN FAREWELL</u> Signature of Authorized Pa

Signature of Authorized Person

Form No. 632 Revised 09/07

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