	State of Rhode Island and Prov Office of the Secretar		Fee: \$50.00
HOPE	Division Of Business S 148 W. River Str Providence RI 02904 (401) 222-3040	eet -2615	
Limited Liability Compa Annual Report Filing Period: September 1 - No			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>001669020</u>			
2. Exact Name of the Limited Liability Company <u>SIMPLEVIEW LLC</u>			
3. State of Formation			
State: <u>NC</u>			
ARTICLE III			
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>541511</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
<u>SOFTWARE AS A SERVICE IN THE TRAVEL AND TOURISM NICHE. WORK DONE FROM OFFICES</u> IN TUCSON, AZ AND PITTSBURG, PA USING A WEB-BASED SOFTWARE PLATFORM ON SERVERS LOCATED IN SAME.			
5. Principal Office Address			
No. and Street:7458 NORTH LA CHOLLA BOULEVARD, SUITE 100City or Town:TUCSONState:AZZip:85741Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title No. and Street: <u>7458 NORT</u> City or Town: <u>TUCSON</u>	e: TH LA CHOLLA BOULEVARD, SU	I <u>TE 100</u> State: <u>AZ</u> Zip: <u>8574</u>	<u>1</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country
			_

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 9 Day of October, 2017 at 12:35:50 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 SCOTT MEREDITH

Signature of Authorized Person

Form No. 632 Revised 09/07

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