	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
Providence RI 02904-2615			
HOPE	(401) 222-304	40	
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
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>001666257</u>			
2. Exact Name of the Limited Liability Company <u>ORIGAMI CUSTOM SOLUTIONS LLC</u>			
3. State of Formation			
State: MA			
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>541690</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TECHNICAL CONSULTING SERVICES WITHIN THE SCULPTURAL, OCEANOGRAPHIC, & MUSICAL			
INSTRUMENT DESIGN, FABRICATION & MANUFACTURING INDUSTRIES.			
5. Principal Office Addre	2SS		
No. and Street: <u>C/O MURPHY & KING PROFESSIONAL</u> CORPORATION			
City or Town:ONE BEACON STREETState: MAZip:02108Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: CRAIG MCCLUNE Contact Title: DIRECTOR			
No. and Street: <u>10 DORRANCE STREET, SUITE 700</u> City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA			
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 C	ode, Country

CRAIG MCCLUNE

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

CRAIG MCCLUNE 10 DORRANCE STREET, SUITE 700 PROVIDENCE, RI 02903

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

Signed this 10 Day of October, 2017 at 11:34:12 AM 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>CRAIG MCCLUNE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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