	State of Rhode Island and Providence Plantations Office of the Secretary of State	5 Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liability Con Annual Report Filing Period: September		
	7-16-66(d), each limited liability company failing or refusing hin thirty (30) days after the time prescribed by law (R.I.G.L. 7- a penalty fee of \$25.00.	
ANNUAL REPORT YEAR	a: <u>2017</u>	
1. ID No. <u>00016132</u>	<u>25</u>	
2. Exact Name of the L	imited Liability Company <u>UBIQUITY, LLC</u>	
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
6	Code that best describes the primary business conducted by the bre information on <u>NAICS</u> can be found online.	e entity. Download
the list of codes <u>here.</u> Mo <u>425120</u>	Code that best describes the primary business conducted by the	-
the list of codes <u>here.</u> Mo <u>425120</u> 4. Brief Description of t	Code that best describes the primary business conducted by the pre information on <u>NAICS</u> can be found online.	in Rhode Island
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the list of codes <u>here.</u> Mo <u>425120</u> <b>4. Brief Description of t</b> <u>INDEPENDENT SALE</u> <b>5. Principal Office Addr</b> No. and Street: <u>182</u>	Code that best describes the primary business conducted by the ore information on <u>NAICS</u> can be found online. <b>he Character of the Business Which is Actually Conducted i</b> <u>ES REPRESENTATIVE FOR CLOTHING AND ACCESS</u> <u>ess</u> <u>2 CAPSTAN STREET</u>	in Rhode Island
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the list of codes here. Mo <u>425120</u> <b>4. Brief Description of t</b> <u>INDEPENDENT SALE</u> <b>5. Principal Office Addre</b> No. and Street: <u>182</u> City or Town: <u>JAN</u> <b>6. Mailing Address of L</b> Contact Name: <u>JACQU</u> No. and Street: <u>182</u> City or Town: <u>JAN</u> <b>7. Name and Address of</b>	Code that best describes the primary business conducted by the primation on NAICS can be found online.         he Character of the Business Which is Actually Conducted i         ES REPRESENTATIVE FOR CLOTHING AND ACCESS         ess         2 CAPSTAN STREET         MESTOWN       State: RI         zip:       02835         imited Liability Company and Name or Title of Contact Pers         ELYN DANCHAK Contact Title:       PARTNER         CAPSTAN STREET         MESTOWN       State: RI         Zip:       02835         Of Each Manager of the Limited Liability Company, if Applic	in Rhode Island ORIES Country: <u>USA</u> son: Country: <u>USA</u> :able.

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

PAUL DANCHAK 182 CAPSTAN STREET JAMESTOWN, RI 02835

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

**Signed this 16 Day of October, 2017 at 12:54:19 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 JACQUELYN DANCHAK

Signature of Authorized Person

Form No. 632 Revised 09/07

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