



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 140550		2. Exact name of the limited liability company SPARKWIZARD LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island MANAGE EXPENSED OF PRIVATE/RENTAL AIRCRAFT 512990			
5. Principal office address 19E LARK INDUSTRIAL PKY		City GREENVILLE		State RI	Zip 02828
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVEN A. DORAZIO		Contact Title MANAGER/AGENT			
Street Address 19E LARK INDUSTRIAL PKY		City GREENVILLE		State RI	Zip 02828
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name STEVEN A. DORAZIO		Manager Name STEVEN R. DORAZIO			
Street Address 19E LARK INDUSTRIAL PKY		Street Address 19E LARK INDUSTRIAL PKY			
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 19 2017

By:

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

STEVEN R. DORAZIO

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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