	State of Rhode Island and Prov Office of the Secretar		S Fee: \$50.0
	Division Of Business S	Services	
	148 W. River Str	eet	
	Providence RI 02904		
HOPE	(401) 222-304)	
Limited Liability Co	mpany		
Annual Report Filing Period: September	1 - November 1		
	.L. 7-16-66(d), each limited liability compa ithin thirty (30) days after the time prescri		
, 16-66(b&c)) is subject to			
ANNUAL REPORT YEA	R : <u>2017</u>		
1. ID No. <u>0005355</u>	20		
2. Exact Name of the	Limited Liability Company $\underline{OWM SC}$	DLUTIONS, LLC	
3. State of Formation			
State: <u>RI</u>			
Enter the civit digit NAIO			
-	ARTICLE III S Code that best describes the primary b ore information on <u>NAICS</u> can be found o	-	ne entity. Download
the list of codes <u>here.</u> N	S Code that best describes the primary b	nline.	
the list of codes <u>here.</u> N	S Code that best describes the primary b ore information on <u>NAICS</u> can be found o	nline.	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SID T. ORDOG 1823 FRENCHTOWN ROAD EAST GREENWICH, RI 02818

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

Signed this 20 Day of October, 2017 at 10:43:55 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>SID T. ORDOG</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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