s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
HOPE	(401) 222-504	0	
Limited Liability Com Annual Report Filing Period: September 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>001666387</u>			
2. Exact Name of the Limited Liability Company <u>MACMILLAN INDUSTRIES WORLDWIDE</u> <u>GLOBAL SOLUTIONS, LLC</u>			
3. State of Formation			
State: <u>RI</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>541613</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
THIS COMPANY PROVIDES MARKETING SERVICES FOR TWO PRODUCTS SOLD ON <u>AMAZON.</u>			
5. Principal Office Addre	SS		
No. and Street: <u>275 WEST NATICK ROAD</u> City of Taura WARWICK States PL 7in, 02886 Country, USA			
City or Town: WARWICK State: RI Zip: 02886 Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: BRIAN BRUZZI Contact Title: No. and Street: 535 ROOSEVELT AVE #401			
City or Town: <u>CEN</u>	TRAL FALLS State	: <u>RI</u> Zip: <u>02863</u> Coun	try: <u>USA</u>
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

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

BRIAN BRUZZI 53 LITTLE POND COUNTY ROAD CUMBERLAND, RI 02864

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

Signed this 31 Day of October, 2017 at 12:46:44 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 BRIAN BRUZZI

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved