s s	tate of Rhode Island and Pro Office of the Secreta		DNS Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
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>001658731</u>			
2. Exact Name of the Limited Liability Company <u>DIVINE INVENTIONS, 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>541690</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
INVENT SEVERAL GADGETS FOR GERIATRIC AND THE DISABLED			
5. Principal Office Addre	SS		
	DOUGLAS PIKEITHFIELDState:	<u>RI</u> Zip: <u>02917</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
No. and Street: 405	OBINSON Contact Title: DOUGLAS PIKE THFIELD State:	<u>RI</u> Zip: <u>02917</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix		dress State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

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

JOHN M. ROBINSON 405 DOUGLAS PIKE SMITHFIELD , RI 02917

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 3:11:46 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 JOHN ROBINSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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