RI SOS Filing Number: 201753150620 Date: 11/8/2017 4:00:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year: 2017 Limited Liability Company	
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>	

Entity ID Number	2. Exact nan	ne of the Limited Li	iability Company					
907244	Knot Reel Teeth, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
531390	Holding Company							
5. State of Formation	1							
Rhode Island			•					
6. Principal Office Address City			City	State	Zip			
37 Thurber Blvd, Unit 2			Smithfield	RI	02917			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Richard Napolitano			Contact Title Member					
Street Address 37 Thurber Blvd, Unit 2			City Smithfield	State RI	<sup>Zip</sup> 02917			
8. List ALL managers (names ar	8. List ALL managers (names and addresses) of the Limited Liability Company, 1F APPLICABLE - DO NOT LIST MEMBERS							
Manager Name NONE			Manager Name NONE					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name NONE			Manager Name NONE					
Street Address			Street Address					
City	State	Zip	City .	State	Zip			
Check the box to indicate an attachment								
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.								
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.								
Name of Authorized Person				Date	·			
Richard Napolitano, Member 10-31-20					31-2017			
Signature) of Authorized Person								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 532 Revised: 08/2017