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Annual Report for the year: ___2017 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001070263	2. Exact name of the Limited Liability Company T2K Solutions, LLC					
3. NAICS Code 541611	Brief description of the character of business conducted in Rhode Island Consultation and sales regarding manufactured printing and related services					
5. State of Formation Rhode Island						
Principal Office Address Salt Pond Way			City Westerly	State RI	Zip 02891	
7. Mailing Address of Limited Li	•	any and Name or				
Contact Name Maria P. Fusaro, Esq.			Contact Title Attorney for LLC			
Street Address 43 Broad Street			City Westerly	State RI	^{Zip} 02891	
8. List ALL managers (names a	and addresse	s) of the Limited l	iability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate 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 de statements, and that all state.				ng any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Maria P. Fusaro, Esq.				11.20.1	11.20.17	
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