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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

PECEIVED STATE CORPORATIONS ON AM 10: 51

Annual Report for the year: ೨೦(3

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

| Entity ID Number | 2. Exact n | 2. Exact name of the Limited Liability Company | | | | |
|---|--|---|---|----------------|-----------------|--|
| 104088 | Litty | - CSTEK | Londscenin and | E Y Constitu | 1.41 | |
| 3. NAICS Code | 4. Brief de | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 237110 | Londscoping, cutty 51055, mulabing sease, moter, relectic cincle | | | | | |
| 5. State of Formation | ļ | | V | • | , | |
| RI howe foundations. | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | |
| 414 mitchell's love | | | MiDDIE tom | RI | 03812 | |
| 7. Mailing Address of Limited L | .iability Compa | any and Name or | Title of Contact Person | | | |
| Contact Name Michael Kosinski | | | Contact Title | | | |
| Street Address 4H Mitchell'S mane | | | City Mipp letons | State | ZIP 2842 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | 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 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 penaity of perjury, I de statements, and that all state | eclare and aff ments conta | īrm that I have e ined herein are t | xamined this report, including ar rue and correct. | ny accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | | |
| MiGrel Lossinsic | | | 6/21/ | 18 | | |
| 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 11:06

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