S	tate of Rhode Island and Pro Office of the Secreta		: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>001679526</u>	5		
2. Exact Name of the Lin	mited Liability Company <u>Trade Ma</u>	ark Sign Limited Liability Company	
3. State of Formation			
State: <u>NJ</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	business conducted by the entity. Down online.	nload
<u>238990</u>			
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted in Rhode Isla	and
SIGN INSTALLATION	AND SERVICE		
5. Principal Office Addre	SS		
No. and Street: <u>631</u>	HERMAN ROAD		
City or Town: JAC	CKSON State:]	NJ Zip: <u>08527</u> Country: <u>USA</u>	<u>4</u>
6. Mailing Address of Lir	mited Liability Company and Name	e or Title of Contact Person:	
Contact Name: THOMAS	S MENSHOUSE Contact Title:		
No. and Street: 631	HERMAN ROAD		
City or Town: JAC	KSON State: <u>N</u>	<u>NJ</u> Zip: <u>08527</u> Country: <u>US</u>	<u>A</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Liab	pility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Cou	intry
MANAGER	THOMAS MENSHOUSE	631 HERMAN ROAD JACKSON, NJ 08527 USA	
MANAGER	SUSAN ROLLS	631 HERMAN ROAD	

MANAGER

DOROTHY ALPAY

JACKSON, NJ 08527 USA

631 HERMAN ROAD JACKSON, NJ 08527 USA

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

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE, RI 02906

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

Signed this 17 Day of August, 2018 at 1:23:28 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 DOROTHY ALPAY

Signature of Authorized Person

Form No. 632 Revised 09/07

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