S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000164550</u>			
2. Exact Name of the Limited Liability Company <u>DELTA-SIGMA HOLDINGS 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>551112</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in F	Rhode Island
ANY LAWFUL BUSIN	ESS		
5. Principal Office Addre	SS		
	IINES FARM ROAD ANSTON Stat	e: <u>RI</u> Zip: <u>02921</u> Co	untry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person	:
No. and Street: 98 H	PATOLA Contact Title: INES FARM ROAD		
City or Town: <u>CRA</u>	NSTON State	e: <u>RI</u> Zip: <u>02921</u> Co	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	p Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

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

DAVID A. SPATOLA <u>98 HINES FARM ROAD</u> <u>CRANSTON</u>, <u>RI</u> <u>02921</u>

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

Signed this 10 Day of September, 2018 at 11:07:18 AM 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 DAVID A SPATOLA

Signature of Authorized Person

Form No. 632 Revised 09/07

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