RI SOS Filing Number: 201877957750 Date: 9/21/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: 20/7

2018 SEP 21 PH 3: 12

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 | 2 Exact ca | 2 Exact name of the Limited Liability Company | | | | |
|--|---------------------|---|---------------------------------------|---------------------------|---|--|
| 001340483 | By | BlaseApriLLL | | | | |
| 3. NAICS Code | 4. Brief de | | haracter of business conducted | ırı Rnode İsland | · | |
| 99999 | | • • • | 1 | | | |
| 5. State of Formation | <u> </u> | i-1)hone App der | | | | |
| _ | | , | // | | | |
| RI | | · | · · · · · · · · · · · · · · · · · · · | | | |
| 6 Principal Office Address | | | City | State | Zip | |
| 656 River Rd, Lincoln, RI | | | Lincoln | RI | 02865 | |
| 7. Mailing Address of Limited | | | r Title of Contact Person | | | |
| Contact Name Anta Chatragadda Street Address | | | Contact Title | | | |
| Street Address 656 River Road | | | City Lincoln | State AZ | - Zp 02565 | |
| 8 List ALL managers (name | es and addresse | s) of the Limited | Liability Company, IF APPLICAT | BLE - DO NOT LIS T | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Ζιρ | |
| | | | | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode | Island, This inform | nation is currently | of record with the Department of Sta | | | |
| | declare and aff | irm that I have | examined this report, includin | | | |
| Name of Authorized Person | | | | Date | | |
| atoms | la fais | | | D. 9 | 21/2018 | |
| Signature of Authorized Person | | | | | | |
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MAIL TO:

Division of Business Services

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

FORM 632 - Revised: 10/2017