



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001675533

2. Exact Name of the Limited Liability Company Cellairis SNS, LLC

3. State of Formation

State: GA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

443142

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FRANCHISING WHERE THE FRANCHISEES WILL SELL WIRELESS DEVICE
ACCESSORIES INCLUDING CELLULAR
TELEPHONE ACCESSORIES AND RELATED SERVICES SUCH AS CELL PHONE AND
WIRELESS DEVICE
REPAIR.

5. Principal Office Address

No. and Street: 6485 SHILOH ROAD
BUILDING B-100

City or Town: ALPHARETTA

State: GA

Zip: 30005

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 6485 SHILOH ROAD
BUILDING B-100

City or Town: ALPHARETTA

State: GA

Zip: 30005

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KOSTANTINOS SKOURAS	6485 SHILOH ROAD,BUILDING B-100 ALPHARETTA, GA 30005 USA

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

CORPORATE CREATIONS NETWORK, INC. 10 DORRANCE STREET, UNIT 700 PROVIDENCE , RI
02903

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

Signed this 18 Day of October, 2018 at 3:41:22 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 BETH MALOTA, SPECIAL MANAGER
Signature of Authorized Person

Form No. 632
Revised 09/07

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