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. 001661210

2. Exact Name of the Limited Liability Company Functional Innovations LLC

3. State of Formation

State: RI

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.

541330

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

FUNCTIONAL INNOVATIONS LLC IS AN EARLY-STAGE TECHNOLOGY STARTUP. THE LLC IS ESTABLISHED WITH A SOLE PROPRIETORSHIP IN PROVIDENCE RHODE ISLAND SINCE MARCH 2016. THE COMPANY FOCUSES ON DEVELOPING PERSONAL-HEALTH RELATED ELECTRONICS, WITH EMPHASIS ON GENERATING INVENTIONS AND INTELLECTUAL PROPERTIES.

AT THE EARLY STAGE AS OF NOVEMBER 2017, THE COMPANY IS FOCUSING ON TECHNOLOGY LANDSCAPING, MARKET IDENTIFICATION, AND FEASIBILITY PROTOTYPING.

TECHNOLOGY PROTOTYPING HAS BEEN CARRIED OUT THROUGH 2018 AS OF THIS REPORT. HOWEVER, THE BUSINESS IS BEING MOVED TO BOSTON MA, FALL 2018. THE BUSINESS IS EXPECTED TO BE DE-REGISTERED FROM RI LISTING BY THE END OF 2018.

5. Principal Office Address

No. and Street: 150 UNION STREET, #714
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

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

Contact Name: Contact Title:
No. and Street: 45 STUART ST, APT 1904
City or Town: BOSTON State: MA Zip: 02116 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

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

XIAONAN SHEN 150 UNION STREET, #714 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 31 Day of October, 2018 at 1:31:38 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 XIAONAN SHEN
Signature of Authorized Person

Form No. 632
Revised 09/07