RI SOS Filing Number: 201988702580 Date: 3/15/2019 11:32:00 AM



FOR SECRETARY OF STATE USE ONLY

Revised: 01/2012

15 (E:Ven

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

1. Entity ID No.	2. Exact name	of the limited liabil	ity company			
101521	1 '	arking Materials,				
3. State of Formation	4. Brief descrip	ntion of the charact nutacture of plast	er of business conducted in Rhocic sign and badge materials.	le Island No manufacturing p	erformed in RI,	no sales
RI !	in RI.	^ / /	150			
5. Principal office address 508 Old Town Road Box 1762			City Block Island	State RI	72ip 02807	
MAILING ADDRESS O	F LIMITED LIABILITY	COMPANY AND N	IAME OR TITLE OF CONTACT	ERSON:		
Contact Name David Morrison			Contact Title President, Member			
Street Address 508 Old Town Road Box 1762			City Block Island	State RI	Zip 02807	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		ESSES) OF THE L	IMITED LIABILITY COMPANY,	F APPLICABLE - DO	NOT LIST ME	MBERS
Manager Name			Manager Name			
Street Address			Street Address		2019	Om SS
City	State	Zip	City	State	Zip J	22
Managor Name			Manager Name			
Street Address			Street Address			
City	State	Zíp	City	State	Zip	10 S
B. RESIDENT AGENT IN	RHODE ISLAND		· · · · · · · · · · · · · · · · · · ·			- 1 <u>-1</u>
his information is curre	ently of record in the (Office of the Secre	etary of State. Changes require	filing Form 642.		
	f	FILED	•	<u> </u>		
	AA.	ND 1 E 2010	•	-		
	AW.	AR 1 5 2019	•			
	BY \	12351 1.11:3	SAMIM			
File Date			this tepart, including	rjury, I declare and af g any accompanying nts contained herein	schedules and	statements
Check No						119/1
00	ma uek 12 Kh		Signature of Authorize			Date

David Morrison

Print or Type Name of Authorized Person