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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CRETATE CORPORATE STATE STATE

→ 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 name of the Limited Liability Company | | | | |
|--|---------------------|---|--|----------------------------|----------------------|--|
| 529815 | Diamon | Diamond Photography LLC | | | | |
| 3. NAICS Code | 4. Brief de: | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 812920 | Photog | raphy Service | s - Weddings & Portraits | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 24 School Street | | | Cumberland | RI | 02864 | |
| 7. Mailing Address of Limite | d Liability Compa | ny and Name o | r Title of Contact Person | | | |
| Contact Name Shawn Rebocho | | | Contact Title CFO | | | |
| Street Address 2539 Bedford Street Apt 37B | | | City Stamford | State CT | ^{Zip} 06905 | |
| 8. List ALL managers (name | es and addresse: | s) of the Limited | Liability Company, IF APPLICAT | BLE - DO NOT LIST M | EMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zıp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| | 1 | I | | Check the box to in- | dicate an attachment | |
| 9. Resident Agent in Rhode | Island. This inform | nation is currently | of record with the Department of Sta | te. Changes require filing | Form 642. | |
| Under penalty of perjury, i statements, and that all st | | | examined this report, includin true and correct. | g any accompanying | schedules and | |
| Name of Authorized Person Shawn Rebocho | | | | Date 3/15/19 | | |
| Signature of Authorized Pen | son | 7 - | $\overline{}$ | <u> </u> | | |
| | | | | | | |

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2016