	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liabilit Annual Report Filing Period: Septe	y Company ember 1 - November 1		
to file its annual rep	R.I.G.L. 7-16-66(d), each limited liability comport within thirty (30) days after the time prescect to a penalty fee of \$25.00.		
ANNUAL REPORT	YEAR: <u>2018</u>		
1. ID No. <u>001</u>	669712		
2. Exact Name of the Limited Liability Company <u>DDL Advertising LLC</u>			
3. State of Form	ation		
State: <u>RI</u>			
	ARTICLE III		
-	NAICS Code that best describes the primary ere. More information on <u>NAICS</u> can be found		by the entity. Download
<u>541810</u>			
4. Brief Description	on of the Character of the Business Which	is Actually Conduc	ted in Rhode Island
	on of the Character of the Business Which	is Actually Conduc	ted in Rhode Island
	ND ADVERTISING	is Actually Conduc	ted in Rhode Island
MARKETING A	ND ADVERTISING	is Actually Conduc	ted in Rhode Island
MARKETING A	<u>ND ADVERTISING</u> • Address <u>200 MIDWAY RD</u>		ted in Rhode Island Country: <u>USA</u>
MARKETING A 5. Principal Office No. and Street: City or Town:	<u>ND ADVERTISING</u> Address <u>200 MIDWAY RD</u> <u>#168</u>	Zip: <u>02920</u>	Country: <u>USA</u>
MARKETING A 5. Principal Office No. and Street: City or Town: 6. Mailing Address	Address 200 MIDWAY RD #168 CRANSTON State: RI State: NEMBER 200 MIDWAY ROAD	Zip: <u>02920</u>	Country: <u>USA</u>
MARKETING A 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name:	ND ADVERTISING Address 200 MIDWAY RD #168 CRANSTON State: RI State: Name State: Liability Company and Name STACEY LIAKOS Contact Title:	Zip: <u>02920</u>	Country: <u>USA</u>
MARKETING A 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: S No. and Street: City or Town:	ND ADVERTISING a Address 200 MIDWAY RD #168 CRANSTON State: RI ass of Limited Liability Company and Name STACEY LIAKOS Contact Title: MEMBER 200 MIDWAY ROAD #168 CRANSTON State: I Image: State of Each Manager of the Limited Liability Company	Zip: <u>02920</u> or Title of Contact	Country: <u>USA</u> Person: Country: <u>USA</u>
MARKETING A 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: No. and Street: City or Town: 7. Name and Add	ND ADVERTISING a Address 200 MIDWAY RD #168 CRANSTON State: RI ass of Limited Liability Company and Name STACEY LIAKOS Contact Title: MEMBER 200 MIDWAY ROAD #168 CRANSTON State: I Image: State of Each Manager of the Limited Liability Company	Zip: <u>02920</u> • or Title of Contact <u>RI</u> Zip: <u>02920</u> •ility Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u>

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

JENNIFER L CAPUTI 200 MIDWAY ROAD SUITE 163 CRANSTON, RI 02920

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

Signed this 23 Day of May, 2019 at 9:51:44 AM 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 JENNIFER L CAPUTI

Signature of Authorized Person

Form No. 632 Revised 09/07

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