S S			
	tate of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.00
	Division Of Business 148 W. River St	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc. penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2019		
1. ID No. <u>001689775</u>	2		
2. Exact Name of the Lin	mited Liability Company <u>Awtado</u> ,		
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
4. Brief Description of the			
	e Character of the Business Which	is Actually Conduc	ted in Rhode Island
MOBILE PHONE SOCI	e Character of the Business Which	is Actually Conduc	ted in Rhode Island
MOBILE PHONE SOCI	AL MEDIA APPLICATION.	is Actually Conduc	ted in Rhode Island
5. Principal Office Addres	AL MEDIA APPLICATION.		ted in Rhode Island
5. Principal Office Address No. and Street: 45 City or Town: Wz	IAL MEDIA APPLICATION. ss <u>PATTON AVE</u>	Zip: <u>02879</u>	Country: <u>USA</u>
5. Principal Office Address No. and Street: 45 City or Town: Wz 6. Mailing Address of Line Contact Name: CHRIST(C)	IAL MEDIA APPLICATION. ss PATTON AVE AKEFIED State: RI nited Liability Company and Name OPHER MAYBERRY Contact Title:	Zip: <u>02879</u>	Country: <u>USA</u>
5. Principal Office Address No. and Street: 45 City or Town: Wz 6. Mailing Address of Line Contact Name: CHRISTO No. and Street: PC	IAL MEDIA APPLICATION. ss PATTON AVE AKEFIED State: RI nited Liability Company and Name	Zip: <u>02879</u> or Title of Contact	Country: <u>USA</u>
5. Principal Office Address No. and Street: 45 City or Town: W/ 6. Mailing Address of Line Contact Name: CHRISTO No. and Street: PC City or Town: W/	IAL MEDIA APPLICATION. ss PATTON AVE AKEFIED State: RI nited Liability Company and Name OPHER MAYBERRY Contact Title: DBOX 6901 ARWICK State: RI Each Manager of the Limited Liab	Zip: <u>02879</u> e or Title of Contact <u>CEO</u> Zip: <u>02887</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
5. Principal Office Address No. and Street: 45 City or Town: W/ 6. Mailing Address of Line Contact Name: CHRISTO No. and Street: PC City or Town: W/ 7. Name and Address of	IAL MEDIA APPLICATION. ss PATTON AVE AKEFIED State: RI nited Liability Company and Name OPHER MAYBERRY Contact Title: O BOX 6901 ARWICK State: RI Each Manager of the Limited Liability Individual Name	Zip: <u>02879</u> e or Title of Contact <u>CEO</u> Zip: <u>02887</u> illity Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u> oplicable.
 5. Principal Office Address No. and Street: 45 City or Town: W2 6. Mailing Address of Line Contact Name: CHRISTO No. and Street: PC City or Town: W2 7. Name and Address of DO NOT LIST MEMBER 	IAL MEDIA APPLICATION. ss PATTON AVE AKEFIED State: RI nited Liability Company and Name OPHER MAYBERRY Contact Title: OPHER MAYBERRY Contact Title: OBOX 6901 State: RI Each Manager of the Limited Liability	Zip: <u>02879</u> e or Title of Contact <u>CEO</u> Zip: <u>02887</u> illity Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.

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

CHRISTOPHER MAYBERRY 299 COMMONWEALTH AVENUE WARWICK , RI 02886

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

Signed this 3 Day of September, 2019 at 12:25:16 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 CHRISTOPHER MAYBERRY

Signature of Authorized Person

Form No. 632 Revised 09/07

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