



State of Rhode Island and Providence Plantations
Department of State - Business Services Division


Annual Report for the year: 2019

Limited Liability Company

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED STAMP
 SEP 09 2019

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1. Entity ID Number 000794186		2. Exact name of the Limited Liability Company Cores Unlimited LLC			
3. NAICS Code 424110		4. Brief description of the character of business conducted in Rhode Island Buying and selling			
5. State of Formation Rhode Island					
6. Principal Office Address 840 North Wilson Road			City Lowgap	State NC	Zip 27024
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Phillip Harrison			Contact Title Manager		
Street Address 840 North Wilson Road			City Lowgap	State NC	Zip 27024
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Phillip Harrison				Date 9/1/2019	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov