RI SOS Filing Number: 201919397740 Date: 9/11/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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A Brief description of the character of business conducted in Rhode Island SUIGNO State of Formation RT Services Principal Office Address City Contact Person Contact Title Principal Office Address City Contact Title Principal Office Address Manager Name Manager Name Street Address Street Address City State Street Address City State City State City State City State City State City Check the box to indicate an attachment Principal Office Address City Check the box to indicate and attachment Principal Office Address City Check the box to indicate and attachment Principal Office Address City Check the box to indicate and attachment Principal Office Address City Check the box to indicate and attachment Principal Office Address City Check the box to indicate and attachment Check the box to indicate and attachment Principal Office Address City Check the box to indicate and attachment Principal Office Address City Check the box to indicate and attachment Check the box to indicate and att	Entity ID Number	2. Exact name of the Limited Liability Company						
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Street Address Street Address Street Address City	8. List ALL managers (names a	and addresses) (of the Limited Liab	ility Company, IF APPLI	CABLE - <mark>do not list i</mark>	MEMBERS		
State Zip Manager Name Manager Name Manager Name Street Address Street Address City State Zip Check the box to indicate an attachment O. 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 Name of Authorized Person A City State Zip Check the box to indicate an attachment Check the box to indicate an attachment Check the box to indicate an attachment Date 4/04/19	Manager Name Kichard D. Brindle			Manager Name				
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Richard D. Brindle // 9/09/19					iding any accompanyin	g schedules and		
Signature of Authorized Person	Name of Authorized Person	1. Brin	lle	11	Date 4/6	09/19		
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MAIL TO:

Division of Business Services

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

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