RI SOS Filing Number: 201921349050

Date: 9/24/2019 4:000 PVED

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2019 SEP 24 A 10: 06

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: $\frac{2019}{}$ **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.

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|--|---|-----|-------------------------|----------|----------------------|
| 950731 | ANNEX PLATING, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 339 9 99 | Manufacture and sale of coins and novelties | | | | |
| 5. State of Formation | | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 9 Warren Avenue | | | North Providence | RI | 02911 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Barry K. Fishback | | | Contact Title President | | |
| Street Address 9 Warren Avenue | | | City North Providence | State RI | ^{Zip} 02911 |
| 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 | Žτρ | City | State | Zip |
| Check the box to indicate an attachment | | | | | |
| 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 BACKY FISHDACK Date 9-23-19 | | | | | |
| Signature of Authorized Person | | | | | |
| | | | | | |

MAIL TO:

Division of Business Services

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

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

SEP 2 4 2019

FORM 632 - Revised: 10/2017