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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

OCT 1 5 2019 62/

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - This report must be typed or printed legibly. Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

15 FF 17 12 NO.	3 RECISIO	PEECISION WATCH IS THE YEARENY, LLC			339910	
3. State of Formation RHODE ISLAND	*BYCF*	& Board de scription of the character of business conducted in Rhode Island				
5. Principal office address 91 POINT JUDITH ROAD			City NARRAGANSETT	State RI	Zip 02882	
	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERS	SON:		
Contact Name ANNA WISNIEWSKI			Contact Title MANAGER			
Street Address 91 POINT JUDITH ROAD			City NARRAGANSETT	State RI	Zip 02882	
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AF	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	ODE ISLAND				<u> </u>	
}		a Office of the See	retary of State. Changes require filin			
The state of the state of the	y or record in th	e Onice of the Sec	retary or State. Changes require filin	g Form 642.		

File Date	
Check No	
Ву:	
FOR SECRETARY O	F STATE USE ONLY

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. 10/4/19

Signature of Authorized Person

Date

ANNA WISNIEWSKI

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012