State of	of Rhode Island and Provide Office of the Secretary o		ons Fee: \$50.0
	Division Of Business Serv 148 W. River Street	ices	
	Providence RI 02904-26	515	
HOPE	(401) 222-3040		
Limited Liability Company			
Filing Period: September 1 - Nove	mber 1		
	66(d), each limited liability company v (30) days after the time prescribed v fee of \$25.00.		<u>-</u>
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>001676695</u>			
2. Exact Name of the Limited	Liability Company Red Ink Writi	ng Solutions, LL	<u>C</u>
3. State of Formation			
State: DI			
State: <u>RI</u>			
Siale. <u>NI</u>	ARTICLE III		
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Title	e
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Individual Name First, Middle, Last, Suffix Address

Address, City or Town, State, Zip Code, Country

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

KEVIN HASLAM 15 WILD BERRY DRIVE CRANSTON, RI 02920

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

Signed this 21 Day of October, 2019 at 10:11:50 AM 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 <u>KEVIN HASLAM</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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