Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing
148 W. River Street   Providence RI 02904-2615   (401) 222-3040   Limited Liability Company   Annual Report   Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing   to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2019
<b>1. ID No.</b> <u>001689322</u>
2. Exact Name of the Limited Liability Company Scriptfleet, LLC
3. State of Formation
State: <u>FL</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online. <u>492110</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
LOGISTICS AND DELIVERY SERVICES
5. Principal Office Address
No. and Street:2251 LYNX LN STE 5City or Town:ORLANDOState: FLZip: 32804Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: Contact Title: No. and Street: <u>2251 LYNX LN STE 5</u>
City or Town: ORLANDO State: FL Zip: <u>32804</u> Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS
Title   Individual Name   Address     First, Middle, Last, Suffix   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

CAPITOL CORPORATE SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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 2:31:54 PM 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 DAVID HUNTER

Signature of Authorized Person

Form No. 632 Revised 09/07

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