Č Š	State of Rhode Island and Prov Office of the Secreta		5 Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304	0	
Limited Liability Con	npany		
Annual Report Filing Period: September 1	- November 1		
In accordance with R.I.G.I	. 7-16-66(d), each limited liability comp	anv failing or refusing	
	nin thirty (30) days after the time preserve		
ANNUAL REPORT YEAR	: <u>2019</u>		
1. ID No. <u>00010083</u>	2		
2. Exact Name of the Li	imited Liability Company <u>CONCE</u>	PT ENTERPRISES, LL	<u>C</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary b re information on <u>NAICS</u> can be found o	-	e entity. Download
4. Brief Description of th	ne Character of the Business Which	is Actually Conducted	in Rhode Island
SALE AND SERVICE			
	OF MARINE PRODUCTS.		
5. Principal Office Addre			
5. Principal Office Addre	ess		
No. and Street: $401A$	ess A WAUREGAN ROAD	e: <u>CT</u> Zip: <u>06234</u>	Country: <u>USA</u>
No. and Street: <u>401A</u> City or Town: <u>BRC</u>	ess A WAUREGAN ROAD		- <u>-</u>
No. and Street: <u>401A</u> City or Town: <u>BRC</u> 6. Mailing Address of Li	ess A WAUREGAN ROAD OOKLYN Stat		
No. and Street: 401A City or Town: BRC 6. Mailing Address of Li Contact Name: ROBER No. and Street: 401A	A WAUREGAN ROAD A WAUREGAN ROAD OOKLYN Stat Imited Liability Company and Name T C. BRANDRIFF Contact Title: MEN WAUREGAN ROAD	or Title of Contact Pers	son:
No. and Street:401ACity or Town:BRC6. Mailing Address of LiContact Name:ROBERNo. and Street:401A	A WAUREGAN ROAD A WAUREGAN ROAD OOKLYN Stat Imited Liability Company and Name T C. BRANDRIFF Contact Title: MEN WAUREGAN ROAD	or Title of Contact Pers	• <u> </u>
No. and Street:401ACity or Town:BRC6. Mailing Address of LiContact Name:ROBERNo. and Street:401ACity or Town:BROC	A WAUREGAN ROAD OKLYN Stat Imited Liability Company and Name T C. BRANDRIFF Contact Title: MEN WAUREGAN ROAD State OKLYN State	or Title of Contact Pers <u>//BER</u> e: <u>CT</u> Zip: <u>06234</u>	son: Country: <u>USA</u>
No. and Street:401ACity or Town:BRC6. Mailing Address of LiContact Name:ROBERNo. and Street:401ACity or Town:BROC7. Name and Address of	A WAUREGAN ROAD OKLYN Stat Imited Liability Company and Name T C. BRANDRIFF Contact Title: MEN WAUREGAN ROAD State OKLYN State	or Title of Contact Pers <u>//BER</u> e: <u>CT</u> Zip: <u>06234</u>	son: Country: <u>USA</u> able.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REVENS, REVENS & ST. PIERRE 946 CENTERVILLE ROAD WARWICK , RI 02886

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

Signed this 22 Day of October, 2019 at 11:30:14 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 KRISTEN E. BRANDRIFF

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved