	Otata of Disada Jaland and Dr		
	State of Rhode Island and Pro Office of the Secreta		ions Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
Limited Liability Co	ompany		
Annual Report Filing Period: Septembe			
to file its annual report w	G.L. 7-16-66(d), each limited liability com vithin thirty (30) days after the time preso a penalty fee of \$25.00.		
ANNUAL REPORT YEA	AR : <u>2019</u>		
1. ID No. 001675	015		
2. Exact Name of the	Limited Liability Company Fusion F	Promotions & Marke	ting LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	S Code that best describes the primary lore information on <u>NAICS</u> can be found		by the entity. Download
5(1220			
<u>561320</u>			
	the Character of the Business Which	n is Actually Conduc	cted in Rhode Island
		n is Actually Conduc	cted in Rhode Island
4. Brief Description of	FING AGENCY	n is Actually Conduc	cted in Rhode Island
4. Brief Description of <u>TEMPORARY STAF</u> 5. Principal Office Add No. and Street:	FFING AGENCY dress 3159 ROYAL DR.	n is Actually Conduc	cted in Rhode Island
4. Brief Description of TEMPORARY STAF 5. Principal Office Add No. and Street:	FFING AGENCY dress		cted in Rhode Island Country: <u>USA</u>
4. Brief Description of <u>TEMPORARY STAF</u> 5. Principal Office Add No. and Street: City or Town:	FFING AGENCY dress 3159 ROYAL DR. SUITE 300	Zip: <u>30022</u>	Country: <u>USA</u>
4. Brief Description of TEMPORARY STAF 5. Principal Office Add No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact Name: No. and Street: 3	FFING AGENCY dress 3159 ROYAL DR. SUITE 300 ALPHARETTA State: GA	Zip: <u>30022</u>	Country: <u>USA</u>
4. Brief Description of TEMPORARY STAF 5. Principal Office Add No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact No. and Street: 3	FFING AGENCY dress 3159 ROYAL DR. SUITE 300 ALPHARETTA State: GA Limited Liability Company and Name act Title: 159 ROYAL DR.	Zip: <u>30022</u> e or Title of Contact	Country: <u>USA</u>
4. Brief Description of TEMPORARY STAF 5. Principal Office Add No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact Name: No. and Street: 3 City or Town: 4 Contact Name: 3 City or Town: 4	FING AGENCY dress 3159 ROYAL DR. SUITE 300 ALPHARETTA State: GA Limited Liability Company and Name act Title: 159 ROYAL DR. SUITE 300 LIMITE 300 ALPHARETTA SUITE 300 ALPHARETTA SUITE 300 ALPHARETTA State: GA	Zip: <u>30022</u> e or Title of Contact Zip: <u>30022</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
4. Brief Description of TEMPORARY STAF 5. Principal Office Add No. and Street: City or Town: 6. Mailing Address of Contact Name: Conta No. and Street: City or Town: City or City or	FING AGENCY dress 3159 ROYAL DR. SUITE 300 ALPHARETTA State: GA Limited Liability Company and Name act Title: 159 ROYAL DR. SUITE 300 LIMITE 300 ALPHARETTA SUITE 300 ALPHARETTA SUITE 300 ALPHARETTA State: GA	Zip: <u>30022</u> e or Title of Contact Zip: <u>30022</u> bility Company, if A	Country: <u>USA</u> Person: Country: <u>USA</u>

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

REGISTERED AGENT SOLUTIONS, 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 22 Day of October, 2019 at 2:33:16 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 <u>TJ ALLEN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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