s s	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
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 YEAR: 2019			
1. ID No. <u>001681679</u>			
2. Exact Name of the Limited Liability Company <u>Multivision, LLC</u>			
3. State of Formation			
State: <u>DE</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>541990</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TECHNOLOGY OUTSOURCING			
5. Principal Office Address			
No. and Street: <u>11730 PLAZA AMERICA DRIVE, SUITE A205</u>			
City or Town: RESTON State: VA Zip: 02888 Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: 11730 PLAZA AMERICA DRIVE, SUITE 205			
City or Town: <u>RESTON</u> State: <u>VA</u> Zip: <u>20190</u> Country: <u>USA</u>			
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 Cod	e, Country
MANAGER	ASHWIN BHARATH	11730 PLAZA AMERICA DR, RESTON, VA 20190 USA	STE. 205

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

INCORP 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 29 Day of October, 2019 at 4:42:32 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 ASHWIN BHARATH

Signature of Authorized Person

Form No. 632 Revised 09/07

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