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Annual Report for the year: 2019 **Limited Liability Company**

- → Filing period. September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

State Address Attended At	1 Entity ID Number	2 Evactina	me of the Limite	d Liphility Company			
TO ENGAGE IN THE BUSINESS OF INFORMATION TECHNOLOGY 5. State of Formation RHODE ISLAND 6. Principal Office Address 455 TILLINGHAST ROAD 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name ALEXANDRE MINTON MATIACHOV Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island This information is currently of record with the Department of State. Changes require filing Form 642 Under penalty of priury, I declare and affirm that I have examining this report, including any accompanying schedules and statements, and that all statements contained hereif strytus and correct. Name of Authorized Person ALEXANDRE MINTON MATIACHOV SIGN ADDITIONAL HARE State Mating State Mating State Mating Form 642 Under penalty of priury, I declare and affirm that I have examining this report, including any accompanying schedules and statements contained hereif strytus and correct. Name of Authorized Person ALEXANDRE MINTON MATIACHOV Signature of Authorized Person ALEXANDRE MINTON MATIACHOV		2. Exact name of the Limited Liability Company VICO COMMUNICATIONS, LLC					
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ALEXANDRE MINTON MATIACHOV Har Jis 10, 22, 2019. Signature of Authorized Person SIGN 3500UMENT HERE	Under penalty of perjury, I dec statements, and that all staten	lare and affi nents contai	rm that I have e ned herein are	xamined this report, including an	y accompanyin	g schedules and	
Signature of Authorized Person SIGN DOCUMENT HARE	Name of Authorized Person				Date		
SIGN DOCUMENT HARE	ALEXANDRE MINTON MATIA	НОУ	Hear Visi		10,2	2.2019.	
	Signature of Authorized Person		SIGN	LODGUMENT HERE			
							

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MAIL TO:

Division of Business Services

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov OCT 28 2019

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