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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

| FILED | STAMP |
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| NOV 0 8 2019 | FOR SECETARY OF STATE USE ONLY |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|--|---|------------------------------------|---|---------------------------|-----------------------|--|
| 112373 | gorillaracing.com, llc | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 99999 | E-business targeting the automobile industry. | | | | | |
| 5. State of Formation | 1 | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | <u> </u> | | City | State | Zip | |
| 56 Exchange Terrace, 5th Floor | | | Providence | RI | 02903 | |
| 7. Mailing Address of Limited Lia | | iny and Name o | r Title of Contact Person | | | |
| Contact Name Steven Gorriaran | | | Contact Title Sole Member | | | |
| Street Address 56 Exchange Terrace, 5th Floor | | City Providence | State RI | ^{Zip} 02903 | | |
| 8. List ALL managers (names a | nd addresse: | s) of the Limited | Liability Company, IF APPLICAS | BLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zíp | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | <u>. </u> | - | | Check the box to i | ndicate an attachment | |
| 9. Resident Agent in Rhode Isla | nd. This Inforn | nation is currently | of record with the Department of Sta | te. Changes require filir | ng Form 642. | |
| Under penalty of perjury, I dec statements, and that all states | lare and affi nents contai | irm that I have ined herein are | examined this report, includin true and correct. | g any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | .0 | |
| Name of Authorized Person Steven Gorriaran Date [0.2], 19 | | | | | . 19 | |
| Signature of Authorized Person | | 910 | N DOCUMENT HERE | | | |
| | * | | IA DOCOMENT HEKE | | | |
| | | | · . | . | | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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