

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.

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	·	NOV 2 5 2019	•
	BY_	1000	

. Entity ID Number 2. Exact name of the Limited Liability Company								
1100024	00024 GENIUS WIRELESS, LLC							
5. State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island PHONES							
6. Principal Office Address	<u> </u>	· 	City	State	Zip			
176 GANSETT AVENUE			CRANSTON	RI	02910			
7. Mailing Address of Limited L	iability Compan	y and Name or Titl	le of Contact Person					
Contact Name RAMON M. RIVA			Contact Title MANAGER					
Street Address 145 BABCOCK	STREET		City PROVIDENCE	State RI	^{Zip} 02905			
8. List ALL managers (names	and addresses)	of the Limited Lia	bility Company, IF APPLICABL	LE - DO NOT LIST I	MEMBERS			
Manager Name RAMON M. RIV			Manager Name					
Street Address 145 BABCOCK	STREET		Street Address					
City PROVIDENCE	State RI	^{Zip} 02905	City	State	Zip			
Manager Name			Manager Name					
Street Address		<u></u>	Street Address					
City	State	ZIp	City	State	ZIp			
	<u> </u>			Check the box to	ndicate an attachment			
9. Resident Agent in Rhode Isl	and. This informe	ation is currently of re	ecord with the Department of State	e. Changes require filir	ng Form 642.			
Under penalty of perjury, I do statements, and that all state	eclare and affir	m that I have exa	mined this report, including					
Name of Authorized Person	Oate	Date						
RAMONM. RIVAS CAMACH			•	7/31/2019				
Signature of Authorized Person SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

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

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