



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 FEB 26 A 9:17

Annual Report for the year: 2020

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.

|                                                                                                                                                                                                      |                |                                                                                                                           |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. Entity ID Number<br><u>1663104</u>                                                                                                                                                                |                | 2. Exact name of the Limited Liability Company<br><u>Custom Lighting LLC.</u>                                             |                                        |
| 3. NAICS Code<br><u>238210</u>                                                                                                                                                                       |                | 4. Brief description of the character of business conducted in Rhode Island<br><u>Custom Lighting, supplies, services</u> |                                        |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |                |                                                                                                                           |                                        |
| 6. Principal Office Address<br><u>151 010 County Rd</u>                                                                                                                                              |                | City<br><u>Smithfield</u>                                                                                                 | State<br><u>RI</u> Zip<br><u>02917</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                |                                                                                                                           |                                        |
| Contact Name<br><u>JOSEPH Ricci</u>                                                                                                                                                                  |                | Contact Title<br><u>OWNER</u>                                                                                             |                                        |
| Street Address<br><u>151 010 County Rd.</u>                                                                                                                                                          |                | City<br><u>SMITHFIELD</u>                                                                                                 | State<br><u>RI</u> Zip<br><u>02917</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                |                                                                                                                           |                                        |
| Manager Name                                                                                                                                                                                         |                | Manager Name                                                                                                              |                                        |
| Street Address                                                                                                                                                                                       |                | Street Address                                                                                                            |                                        |
| City                                                                                                                                                                                                 | State          | Zip                                                                                                                       | City                                   |
| State                                                                                                                                                                                                | Zip            | City                                                                                                                      | State                                  |
| Manager Name                                                                                                                                                                                         | Manager Name   |                                                                                                                           |                                        |
| Street Address                                                                                                                                                                                       | Street Address |                                                                                                                           |                                        |
| City                                                                                                                                                                                                 | State          | Zip                                                                                                                       | City                                   |
| State                                                                                                                                                                                                | Zip            | City                                                                                                                      | State                                  |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |                |                                                                                                                           |                                        |
| 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 perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |                |                                                                                                                           |                                        |
| Name of Authorized Person<br><u>JOSEPH Ricci</u>                                                                                                                                                     |                | Date<br><u>2-26-20</u>                                                                                                    |                                        |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                 |                |                                                                                                                           |                                        |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

FEB 26 2020

BY [Signature] OFX6R