



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

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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 <u>1673264</u> | | 2. Exact name of the Limited Liability Company <u>S & S Wireless LLC</u> | | | |
| 3. NAICS Code <u>617312</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>repaired phones & computers</u> | | | |
| 5. State of Formation <u>RI</u> | | | | | |
| 6. Principal Office Address <u>753 Dexter St.</u> | | City <u>Central Falls</u> | State <u>RI</u> | Zip <u>02863</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Jason Rocha Sr.</u> | | Contact Title <u>owner</u> | | | |
| Street Address <u>753 Dexter St.</u> | | City <u>Central Falls</u> | State <u>RI</u> | Zip <u>02863</u> | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name <u>-</u> | | Manager Name <u>-</u> | | | |
| Street Address <u>-</u> | | Street Address <u>-</u> | | | |
| City <u>-</u> | State <u>-</u> | Zip <u>-</u> | City <u>-</u> | State <u>-</u> | Zip <u>-</u> |
| Manager Name <u>-</u> | | Manager Name <u>-</u> | | | |
| Street Address <u>-</u> | | Street Address <u>-</u> | | | |
| City <u>-</u> | State <u>-</u> | Zip <u>-</u> | City <u>-</u> | State <u>-</u> | Zip <u>-</u> |
| 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 <u>Adriana Duque</u> | | | | Date <u>3-5-2020</u> | |
| Signature of Authorized Person <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

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