



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2020 MAR -3 PM 12: 16

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.

| | | | | | | | | | | |
|---|-------|---|------|------------------------|---------------------|-----------------------|--------------------|---------------------|--------------------|---------------------|
| 1. Entity ID Number 001683531 | | 2. Exact name of the Limited Liability Company C3BA LLC | | | | | | | | |
| 3. NAICS Code 511130 | | 4. Brief description of the character of business conducted in Rhode Island Information technology | | | | | | | | |
| 5. State of Formation Rhode Island | | 6. Principal Office Address <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">70 Orchard Dr.</td> <td>City Hope</td> <td>State RI</td> <td>Zip 02831</td> </tr> </table> | | | | 70 Orchard Dr. | | City Hope | State RI | Zip 02831 |
| 70 Orchard Dr. | | | | | | City Hope | State RI | Zip 02831 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | | | |
| Contact Name Chris Claussen | | Contact Title Owner | | | | | | | | |
| Street Address 70 Orchard Dr. | | City Hope | | State RI | Zip 02831 | | | | | |
| 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 | | | | | |
| Manager Name | | Manager Name | | | | | | | | |
| Street Address | | Street Address | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | |
| Check the box to indicate an attached document <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 Chris Claussen | | | | Date 4/14/20 | | | | | | |
| Signature of Authorized Person | | | | | | | | | | |

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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

FILED
 APR 17 2020
 BY 8FCOK
A.A.