Annual Report for t	he year: 20	20			STAMP	
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					SECRETARY OF STATE USE ONLY	
1. Entity ID Number 000918021		2. Exact name of the Limited Liability Company CICLON IMPORTS LLC				
3. NAICS Code 405 00 5 State of Formation		Brief description of the character of business conducted in Rhode Island IMPORT & EXPORT			3: 43	
RI						
6 Principal Office Address 6145 POST ROAD			City NORTH KINGSTOWN	State RI	Zıp 02852	
7 Mailing Address of Limite	ed Liability Compa	any and Name or	Title of Contact Person			
Contact Name SEAN R. DO		_	Contact Title REGISTERED AGENT			
Street Address 6145 POST ROAD, UNIT 6			City NORTH KINGSTOWN	State RI	^{Zip} 02852	
8 List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
		l	C	heck the box to	indicate an attachment	
9 Resident Agent in Rhode	e Island. This inform	nation is currently o	of record with the Department of State C	hanges require fil	ing Form 642	
Under penalty of perjury, statements, and that all s			examined this report, including an true and correct.	y accompanyi	ng schedules and	
Name of Authorized Person				Date		
ESTEBAN CRUZ				04/29/2020		
Signature of Authorized Pe	rson	SIGI	N 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 FILED

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FORM 632 - Revised: 10/2013