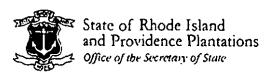
RI SOS Filing Number: 202040983480 Date: 5/27/2020 2:52:00 PM



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Portod: September 1 - November 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&x)) is subject to a penalty fee of \$25.00.

(R.I.G.L. 7-16-66 (bOt))	is subject to a penalty fee of	\$25.00.				
1.10 No. 531472	2 Exact name of the limited liability company EXIST ON THE LIST, LLC					
3. State of Formulton RI  4. Brief description of the character of the but REALTY			usiness which is accually conducted in Rhade Island (531110)			
5 Principal office address 36 DERBYSHIRE DRIVE			CIŅ CRANSTON	State RI	ፖ(ァ 02921	
6. MAILING ADDRESS OF IJMITED LIABILITY COMPANY AND CONSIGNATION JESSICA L. BRAZA			D NAME OF TITLE OF CONTACT PERSON:  Gondet Bille  PRESIDENT			
Since Address 36 DERBYSHIRE DRIVE			Cην CRANSTON	State RI	×φ 02921	
7. NAME AND ADD			ED LIABILITY COMPANY, IF API SING ATTACHMENTS — ("X" BOX F		LIST MEMBERS	
Moneyer Name			Manager Name	Manager Name		
Sirve Address			Street Address	Street Address		
City	State	Zip	Cuy	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Adultress			Street Address	Street Address		
Chy	State	Zip	CHy	State	Zip	
	T IN RHODE ISLAND		y of State. Changes require filing of I		. ^	
			-11	ED AVA	( <del>)</del>	

FILED 2:52 MAY 27 2020 1/L 251 DA

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

R.I. DEPT. OF STATE BUS SVCS DIV

531472

File Date
Check No
<i>B</i> >
FOR SECRETARY OF STATE USE ONLY

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.

Air ature of Authorized Person

JESSICA BRAZA

Print or Type Name of Authorized Person