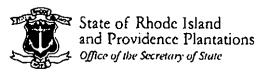
RI SOS Filing Number: 202040984090 Date: 5/27/2020 2:50:00 PM



A. Raiph 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 2014

Filing Period: 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 sime preurised by law (R.I.G.L. 7-16-66 (bGz)) is subject to a penalty fee of \$25.00.

1. ID No.	2. Exact name of the limited liability company EXIST ON THE LIST, LLC					
531472						
3. State of Formation RI	4. Hrist desert REALTY	ption of the character of the l	husiness which is actually conducted in Rb	ness which is actually conducted in Rhode Island (531110)		
i. Principal office address 6 DERBYSHIRE DRIVE			Chy CRANSTON	State RI	7.1p 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N. Guidel Nume JESSICA L. BRAZA			D NAME OR TITLE OF CONTACTOR CONTACT	Contact Title		
Street Adulters 36 DERBYSHIRE DRIVE			City CRANSTON	State RI	21p 02921	
7. NAME AND AI			ED LIABILITY COMPANY, IF API			
Manager Name			Manager Name	Manager Name		
Since Address			Street Address	Street Address		
•						
	State	Ζίρ	City	State	Zip	
City	State	ZIP	City Manager Nume	State	Ζір	
City Manager Name	State	Zip		State	ΖЭ	
City Manager Kanie Street Address	State State	Zip	Manager Nume	State State	Zip	
City Manager Name Street Address City		ZIp	Manager Name Street Address			

FILED

MAY 27 2020

BYKL 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

l
File Date
Check No
n.

FOR NECRETARY OF STATE USE ONLY
LANCARE RETART OF STATE CONTROL

Under penalty of perjury, I declare and affirm that I have examined this report
ncluding any accompanying schedules and statements, and that all statements
constitled herein are true and correct.

1001CADRY

Separature of Authorized Person

JESSICA BRAZA

Print or Type Name of Authorized Person