	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290 (401) 222 30	reet 4-2615	
HOPE	(401) 222-304	ŧŪ	
Limited Liability Com	pany		
Annual Report Filing Period: September 1 -	November 1		
In accordance with RIGI	7-16-66(d), each limited liability com	any failing or refusing	
	n thirty (30) days after the time presc		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001698198</u>			
2. Exact Name of the Limited Liability Company American Signs USA, LLC			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
•	ode that best describes the primary information on <u>NAICS</u> can be found		the entity. Download
<u>541410</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducte	
		•	d in Rhode Island
GRAPHIC DESIGN		·	d in Rhode Island
		-	d in Rhode Island
5. Principal Office Addres	3 S	-	d in Rhode Island
5. Principal Office Address No. and Street: <u>64 Y(</u>	ss DRKSHIRE STREET	e: <u>RI</u> Zip: <u>02908</u>	d in Rhode Island Country: <u>USA</u>
5. Principal Office Address No. and Street: 64 Y(C) City or Town: PROV	ss DRKSHIRE STREET	e: <u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u>
5. Principal Office Address No. and Street: 64 YC City or Town: PROV 6. Mailing Address of Lime	ss <u>ORKSHIRE STREET</u> <u>VIDENCE</u> Stat	e: <u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u>
5. Principal Office Address No. and Street: 64 YC City or Town: PROV 6. Mailing Address of Lime Contact Name: ZOILA ME No. and Street: 64 YC	SS <u>ORKSHIRE STREET</u> <u>VIDENCE</u> Stat nited Liability Company and Name <u>ENDEZ</u> Contact Title: <u>PRESIDENT</u> <u>ORKSHIRE STREET</u>	e: <u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u>
5. Principal Office Address No. and Street: 64 YC City or Town: PROV 6. Mailing Address of Lime Contact Name: ZOILA ME No. and Street: 64 YC City or Town: PROV	SS <u>ORKSHIRE STREET</u> <u>VIDENCE</u> Stat nited Liability Company and Name <u>ENDEZ</u> Contact Title: <u>PRESIDENT</u> <u>ORKSHIRE STREET</u> <u>VIDENCE</u> Stat	e: <u>RI</u> Zip: <u>02908</u> or Title of Contact Pe e: <u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
5. Principal Office Address No. and Street: 64 YC City or Town: PROV 6. Mailing Address of Lime Contact Name: ZOILA ME No. and Street: 64 YC City or Town: PROV	SS <u>ORKSHIRE STREET</u> <u>VIDENCE</u> Stat nited Liability Company and Name <u>ENDEZ</u> Contact Title: <u>PRESIDENT</u> <u>ORKSHIRE STREET</u> <u>VIDENCE</u> Stat	e: <u>RI</u> Zip: <u>02908</u> or Title of Contact Pe e: <u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u> erson: Country: <u>USA</u> licable.
5. Principal Office Address No. and Street: 64 YC City or Town: PROV 6. Mailing Address of Lim Contact Name: ZOILA ME No. and Street: 64 YC City or Town: PROV 7. Name and Address of DO NOT LIST MEMBER	SS <u>ORKSHIRE STREET</u> <u>VIDENCE</u> State nited Liability Company and Name <u>ENDEZ</u> Contact Title: <u>PRESIDENT</u> <u>ORKSHIRE STREET</u> <u>VIDENCE</u> State	e: <u>RI</u> Zip: <u>02908</u> or Title of Contact Pe e: <u>RI</u> Zip: <u>02908</u> ility Company, if Appl Addr Address, City or Town, S	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ZOILA F. MENDEZ 64 YORKSHIRE STREET PROVIDENCE, RI 02908

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

Signed this 23 Day of September, 2020 at 2:12:35 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ZOILA F MENDEZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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