	State of Rhode Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
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&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001702862</u>			
2. Exact Name of the Limited Liability Company Flanders Staff Associates, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541611</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
SERVE AS A STAFF ASSOCIATE AND DIRECTOR OF RESEARCH ENGINEERING AND MANUFACTURING INC. AND OF CONTI A.G. LICENSORS OF FASTENER TECHNOLOGY.			
5. Principal Office Address			
No. and Street:183 PINE GLEN DRIVECity or Town:EAST GREENWICHState: RIZip:02818Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:ROBERT G. FLANDERS, JR. Contact Title:OFFICER AND MANAGING MEMBERNo. and Street:183 PINE GLEN DRIVECity or Town:EAST GREENWICHState:RIZip:02818Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Addr Address, City or Town, S	

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

ROBERT FLANDERS 183 PINE GLEN DRIVE EAST GREENWICH, RI 02818

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

Signed this 24 Day of September, 2020 at 8:33:52 AM 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 ROBERT G. FLANDERS JR.

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved