	State of Rho Office of the Sec		ate	Fee: \$50.00
HOPE	Division Of Bus 148 W. Riv Providence RI (401) 22	ver Street 02904-2615		
Limited Liability Com Annual Report Filing Period: September 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:	<u>2020</u>			
1. ID No. <u>00169267</u>	7			
2. Exact Name of the Limited Liability Company <u>LINKACTIV NORTH AMERICA LLC</u>				
3. State of Formation				
State:				
	ARTICLE			
-	Code that best describes the prine information on <u>NAICS</u> can be f	•	conducted by th	e entity. Download
4. Brief Description of th	e Character of the Business V	Which is Actua	Illy Conducted	in Rhode Island
CALL CENTER				
5. Principal Office Addre	SS			
	<u>LIA INDUSTRIAL PARK</u> E DIANA 20			
City or Town: <u>GUAY</u>	<u>(NABO</u>	State: <u>PR</u>	Zip: <u>00968</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and I	Name or Title	of Contact Per	son:
CALL	IA INDUSTRIAL PARK E DIANA 20			
City or Town: <u>GUAY</u>	<u>NABO</u>	State: <u>PR</u>	Zip: <u>00968</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addres	SS

First, Middle, Last, Suffix

THELMA LOPEZ

MANAGER

Address, City or Town, State, Zip Code, Country

AMELIA INDUSTRIAL PARK CALLE DIANA 20

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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 4:31:59 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 KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved