0 Date: 9/23/2020 4:00:00 PM

| RI SOS Filing Nur | mber: 202057742500 | Date: 9 |
|---|-----------------------|----------|
| State of Rhode Island Department of State | - Business Services I | Division |
| Annual Report for the year: | 2020 | |
| Limited Liability Company | | |
| → Filing period: September 1 - No → Filing Fee: \$50.00 | ovember 1 | |

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| \rightarrow | Penalty: | Additional | \$25.00 fee | if form i | is not filed | by December | 1. |
|---------------|----------|------------|-------------|-----------|--------------|-------------|----|

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|--|--|------------------------------|-----------------------------|-------------------------|-----------------------|
| 1. Entity ID Number 001690080 | Exact name of the Limited Liability Company Nafcotoo LLC | | | | |
| 3. NAICS Code 525990 | Brief description of the character of business conducted in Rhode Island Investments | | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 40 Loring Ave | | City Providence | State RI | ^{Zip} 02906 | |
| 7. Mailing Address of Limited Lia | bility Company a | nd Name or Title | of Contact Person | | |
| Contact Name Jordan Frank | | Contact Title Manager | | | |
| Street Address 95 President Ave | | City Providence | State RI | ^{Zip} 02906 | |
| 8. List ALL managers (names ar | nd addresses) of | the Limited Liab | ility Company, IF APPLICABL | E - DO NOT LIST N | MEMBERS |
| Manager Name Jordan Frank | | Manager Name Kelly Fowier | | | |
| Street Address 95 President Ave | | Street Address 69 Manning St | | | |
| City Providence | State RI | ^{Zip} 02906 | City Providence | State RI | ^{Zip} 02906 |
| Manager Name Lawrence Prior | | Manager Name | | | |
| Street Address 40 Loring ave | | Street Address | | | |
| ^{City} Providence | State RI | ^{Zip} 02906 | City | State | Zip |
| · · · · · · · · · · · · · · · · · · · | <u></u> | 1 | <u> </u> | Check the box to in | ndicate an attachment |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Jordan Frank | | Date 9/20/2020 | | | |
| Signature of Authorized Person | | | | | |
| | (| | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov