	State of Rhode Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
HORE	(401) 222-304		
Limited Liebility Company			
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>001663029</u>			
2. Exact Name of the Limited Liability Company <u>Retail Polishing Management, LLC</u>			
3. State of Formation			
State: <u>CA</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>541613</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
4. Bhei beschption of the Character of the Business which is Actually Conducted in Knode Island			
PROJECT MANAGEMENT & CONSULTING			
5. Principal Office Address			
No. and Street: 5421 STATIONERS WAY			
City or Town:SACRAMENTOState: CAZip: 95842Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: 5421 STATIONERS WAY   City or Town: SACRAMENTO   State: CA   Zip: 95842   Country: USA			
City or Town: <u>SACRAMENTO</u> State: <u>CA</u> Zip: <u>95842</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	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	p Code, Country
MANAGER	DAVID STRATTON	DAVID STRATTON 5421 STATIONERS WAY SACRAMENTO, CA 95842 USA	

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 30 Day of September, 2020 at 2:47:04 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 <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved