State of Rhode Island Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 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. 000134657 2. Exact Name of the Limited Liability Company LAKESIDE TRADING LLC 3. State of Formation State: RI Enter the six digit NAICS Code that best describes the primary business conducted by the entit the list of codes here. More information on NAICS can be found online. 444190	Fee: \$50.00
148 W. River Street Providence RI 02904-2615 (401) 222-3040 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. 000134657 ARTICLE III State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entit the list of codes here. More information on NAICS can be found online.	
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444190	ty. Download
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4. Brief Description of the Character of the Business Which is Actually Conducted in Rho	ode Island
RETAIL SALES OF SHEDS AND OUTDOOR FURNITURE	
5. Principal Office Address	
No. and Street:326 SOUTH PIER ROADCity or Town:NARRAGANSETTState: RIZip: 02882	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: DAVE HARRIGAN Contact Title: PRESIDENT No. and Street: 326 SOUTH PIER ROAD PRESIDENT	
City or Town: <u>NARRAGANSETT</u> State: <u>RI</u> Zip: <u>02882</u> Coun	itry: <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, Zip C	

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 1 Day of October, 2020 at 11:34:22 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 DAVE HARRIGAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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