| | State of Rhoo | | Fee: \$50.00 |
|---|---|--|-----------------------------------|
| HOPE | Office of the Secret Division Of Busin 148 W. Rive Providence RI 0 (401) 222- | less Services r Street 2904-2615 | |
| 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>001693392</u> | | | |
| 2. Exact Name of the Limited Liability Company ISM Lighting, 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 here. More information on NAICS can be found online. | | | |
| 335122 | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| DEVELOPMENT, MANUFACTURING AND SALE OF COMMERCIAL LIGHTING PRODUCTS. | | | |
| 5. Principal Office Addres | ŝS | | |
| | <u>ATERMAN AVENUE</u> PROVIDENCE | State: <u>RI</u> Zip: <u>0291</u> | <u>4</u> Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name:GREGORY LUCINI Contact Title:No. and Street:940 WATERMAN AVENUECity or Town:EAST PROVIDENCEState:RIZip:02914Country: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 | | dress State, Zip Code, Country |

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

ANDREW BERG, ESQUIRE 1350 DIVISION ROAD SUITE 102 WEST WARWICK, RI 02893

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 11:38:23 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 <u>S/ GREGORY LUCINI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved