



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

OCT 06 2020
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Annual Report for the year: 2020
 Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|--------------------|---|--------------------|------------------------|-----|
| 1. Entity ID Number 000102542 | | 2. Exact name of the Limited Liability Company CORNERSTONE PROTOTYPE DEVELOPMENT, LLC | | | |
| 3. NAICS Code 541420 | | 4. Brief description of the character of business conducted in Rhode Island THREE DIMENSIONAL PROTOTYPING OF CONSUMER GOODS | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 660 SCHOOL STREET | | City PAWTUCKET | State RI | Zip 02860 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name DAVID GUAY | | Contact Title | | | |
| Street Address 660 SCHOOL STREET | | City PAWTUCKET | State RI | Zip 02860 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name DAVID GUAY | | Manager Name | | | |
| Street Address 455 PROSPECT STREET | | Street Address | | | |
| City SEEKONK | State MA | Zip 02771 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 DAVID GUAY | | | | Date 9.25.20 | |
| Signature of Authorized Person  | | SIGN DOCUMENT HERE | | | |

MAIL TO:
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