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2020 OCT 15 SAJII: 41

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	Entity ID Number 2 Exact name of the Limited Liability Company					
l ' <u> </u>	2 Exact name of the Limited Liability Company MN DESIGN LLC					
148219	MNI	7E > 16N	266			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541330	Z	NGINE	FRING			
5. State of Formation		7437.40				
RI						
6. Principal Office Address			City	State	Zip	
41 BROOKSIDE DRIVE			CRANSTON	RI.	02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name MANOCHEHR NORPARVAR			Contact Title PRESIDENT			
Street Address 4 / BRoo	KSIDE 1	PRIVE	City CRANSTON	State P.L.	Zip 02910	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Che	eck the box to indi	cate 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 Date						
MANOCHEHR NORPARVAR				10-14	-2020	
Signature of Authorized Person Monochula Mospower						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED CONT. 1 5 2020

FORM 632 - Revised: 08/2020