|   | State of Rhode<br>Office of the Secret   |  | Fee: \$50.00      |
|---|--|--|-------------------|
|   | Division Of Busines<br>148 W. River S    | Street                                   |                   |
| HOPE  | Providence RI 029<br>(401) 222-30        |  |                   |
| Limited Liability Company<br>Annual Report<br>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>001691053</u>  |  |  |                   |
| 2. Exact Name of the Limited Liability Company Productive Collaboration, LLC  |  |  |                   |
| 3. State of Formation   |  |  |                   |
| State: <u>RI</u>  |  |  |                   |
|   |  |  |                   |
| 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>339910</u>   |  |  |                   |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |  |  |                   |
| MANUFACTURE JEWELRY AND ACCESSORIES   |  |  |                   |
| 5. Principal Office Addre   | SS                                       |  |                   |
| No. and Street:115 PETTACONSETT AVENUECity or Town:CRANSTONState:RIZip:02920Country:USA   |  |  | untry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |  |  |                   |
| Contact Name: OMAR AJAJ Contact Title: MANAGER  |  |  |                   |
| No. and Street: <u>115 PE</u><br>City or Town: <u>CRAN</u>  | <u>ETTACONSETT AVENUE</u><br><u>STON</u> | State: <u>RI</u> Zip: <u>02920</u> Co    | untry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS   |  |  |                   |
| Title   | Individual Name                          | Address                                  |                   |
|   | First, Middle, Last, Suffix              | Address, City or Town, State, Zip        | Code, Country     |
| MANAGER   | RACHEL AJAJ                              | 115 PETTACONSETT<br>CRANSTON, RI 02920 U |                   |
| MANAGER   | OMAR AJAJ                                | 115 PETTACONSETT                         | AVENUE            |

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

E. COLBY CAMERON, ESQ. CAMERON & MITTLEMAN LLP <u>301 PROMENADE STREET</u> PROVIDENCE, <u>RI</u> 02908

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

**Signed this 16 Day of October, 2020 at 12:57:32 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 OMAR AJAJ

Signature of Authorized Person

Form No. 632 Revised 09/07

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