Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Anual Report Primiper Prime Prima Prime Pri							
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. 001663105 2. Exact Name of the Limited Liability Company French Company LLC 3. State of Formation State: DE 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. 811310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BUSINESS SOLUTIONS 5. Principal Office Address No. and Street: 700 TECHNIBILT DRIVE City or Town: Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: 700 TECHNIBILT DRIVE City or Town: Contact Name: 700 TECHNIBILT DRIVE City or Town: Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do Not LIST MEMBERS Title Individual Name	148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Pling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-68(d), each limited liability company failing or refusing to file its annual report within http: (20) 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. 001663105 2. Exact Name of the Limited Liability Company French Company LLC 3. State of Formation State: DE ARTICLE II 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. 811310 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BUSINESS SOLUTIONS 5. Principal Office Address No. and Street: 700 TECHNIBILT DRIVE City or Town: NEWTON State: NC Zip: 28658 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 700 TECHNIBILT DRIVE City or Town: NEWTON State: NC Zip: 28658 Country: 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 Address, City or Town, State, Zip Code, Country				Fee: \$50.00			
(401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1 6 L. 7-16-66(0) each limited liability company falling or refusing to file its annual report with mitry (20) days after the time prescribed by law (R1.6.L. 7- 18-66(0&0)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001663105 2. Exact Name of the Limited Liability Company French Company LLC 3. State of Formation State: DE 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. 811310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BUSINESS SOLUTIONS 5. Principal Office Address No. and Street: 700 TECHNIBILT DRIVE City or Town: NEWTON State: NC Zip: 28658 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 700 TECHNIBILT DRIVE City or Town: NEWTON State: NC Zip: 28658 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	(401) 222-3040 Limited Liability Company Filing Period. September 1 - November 1 In accordance with RJ C L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with intry (30) days after the time prescribed by law (RJ.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001663105 2. Exact Name of the Limited Liability Company French Company LLC 3. State of Formation State: DE 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. 811310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BUSINESS SOLUTIONS 5. Principal Office Address No. and Street: 700 TECHNIBILT DRIVE City or Town: NEWTON State: NC Zip: 28658 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 700 TECHNIBILT DRIVE City or Tow: NEWTON State: NC Zip: 28658 Country: USA 1. Imited Liability Company and Name or Title of Contact Person: Contact Name: 700 TECHNIBILT DRIVE City or Tow: NEWTON State: NC Zip: 28658 Country: USA 1. Imited Liability Company, if Applicable. DO NOT LIST MEMBERS<	148 W. River Street						
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Contact Name: Contact Title: No. and Street: <u>700 TECHNIBILT DRIVE</u> City or Town: <u>NEWTON</u> State: <u>NC</u> Zip: <u>28658</u> Country: <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	Contact Name: Contact Title: No. and Street: 700 TECHNIBILT DRIVE City or Town: NEWTON State: NC Zip: 28658 Country: 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 Address Address, City or Town, State, Zip Code, Country							
No. and Street: City or Town: TOO TECHNIBILT DRIVE NEWTON State: NC Zip: 28658 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	No. and Street: City or Town: TOO TECHNIBILT DRIVE NEWTON State: NC Zip: 28658 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address Address Address, City or Town, State, Zip Code, Country	6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pe	erson:			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	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 Address, City or Town, State, Zip Code, Country	No. and Street: 700 T	ECHNIBILT DRIVE					
DO NOT LIST MEMBERS Title Individual Name Address	DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	City or Town: <u>NEW</u>	<u>ION</u> State	: <u>NC</u> Zip: <u>28658</u>	Country: <u>USA</u>			
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country							
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title						
	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, St	tate, ZIP Gode, Country			

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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 11:23:42 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>TOM MARSH</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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