	State of Rhode Office of the Secret		Fee: \$50.00
	Division Of Busine	ss Services	
	148 W. River	Street	
	Providence RI 029		
HOPE	(401) 222-3	040	
Limited Liability Con Annual Report Filing Period: September a			
	7-16-66(d), each limited liability cor hin thirty (30) days after the time pres h penalty fee of \$25.00.		
ANNUAL REPORT YEAR	:: <u>2020</u>		
1. ID No. <u>00169147</u>	73		
2. Exact Name of the L	imited Liability Company Franch	see Shipping Cente	er Co., LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primar		, ,
<u>423440</u>	re information on <u>NAICS</u> can be foun	d online.	
<u>423440</u>	he Character of the Business Which		lucted in Rhode Island
423440 4. Brief Description of the			lucted in Rhode Island
423440 4. Brief Description of the SERVICE	he Character of the Business Whi		lucted in Rhode Island
423440 4. Brief Description of the SERVICE 5. Principal Office Addree	he Character of the Business White		lucted in Rhode Island
423440 4. Brief Description of the SERVICE 5. Principal Office Addresson No. and Street: <u>3</u>	he Character of the Business Whi		lucted in Rhode Island Country: <u>USA</u>
423440 4. Brief Description of the second street SERVICE 5. Principal Office Address No. and Street: 3 City or Town: 1	he Character of the Business White ess 325 SUB WAY	ch is Actually Cond	Country: <u>USA</u>
423440 4. Brief Description of the second street SERVICE 5. Principal Office Address No. and Street: 3 City or Town: 1 6. Mailing Address of L	he Character of the Business White ess 325 SUB WAY MILFORD State: CT imited Liability Company and Nan	ch is Actually Cond	Country: <u>USA</u>
423440 4. Brief Description of the second street SERVICE 5. Principal Office Address No. and Street: 3 City or Town: M 6. Mailing Address of L Contact Name: Contact No. and Street: 32	he Character of the Business White ess 325 SUB WAY MILFORD State: CT imited Liability Company and Nan t Title: 25 SUB WAY	ch is Actually Cond	Country: <u>USA</u> oct Person:
423440 4. Brief Description of the second street SERVICE 5. Principal Office Address No. and Street: 3 City or Town: M 6. Mailing Address of L Contact Name: Contact No. and Street: 32	he Character of the Business White ess 325 SUB WAY MILFORD State: CT imited Liability Company and Nan	ch is Actually Cond	Country: <u>USA</u>
423440 4. Brief Description of the second street SERVICE 5. Principal Office Address No. and Street: 3 City or Town: 1 6. Mailing Address of L Contact Name: Contact No. and Street: 32 City or Town: 1	he Character of the Business White ess <u>325 SUB WAY</u> <u>MILFORD</u> State: <u>CT</u> imited Liability Company and Nan t Title: <u>25 SUB WAY</u> <u>ILFORD</u> State: <u>CT</u> of Each Manager of the Limited Liability	zip: <u>06481</u>	Country: <u>USA</u> act Person: Country: <u>USA</u>
423440 4. Brief Description of the second street SERVICE 5. Principal Office Address No. and Street: 3 City or Town: M 6. Mailing Address of L Contact Name: Contact No. and Street: 32 City or Town: M 7. Name and Address of M	he Character of the Business White ess <u>325 SUB WAY</u> <u>MILFORD</u> State: <u>CT</u> imited Liability Company and Nan t Title: <u>25 SUB WAY</u> <u>ILFORD</u> State: <u>CT</u> of Each Manager of the Limited Liability	zip: <u>06481</u>	Country: <u>USA</u> act Person: Country: <u>USA</u>

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 21 Day of October, 2020 at 6:03:32 PM 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>BEN WELLS</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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