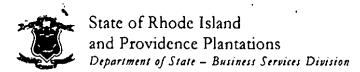
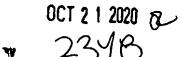
RI SOS Filing Number: 202067905920 Date: 10/21/201014:(0.00) PM





148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*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.

Rhode Island 6. Principal office address 128 Dorrance Street, Unit 2C 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Mark Bevington Street Address 128 Dorrance Street, Unit 2C 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Mark Bevington Street Address 128 Dorrance Street, Unit 2C City Street Address Street Address 128 Dorrance Street, Unit 2C City Street Address Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name	ode 3 (01 ⁻	
128 Dorrance Street, Unit 2C 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: **Contact Name** Mark Bevington **Street Address** 128 Dorrance Street, Unit 2C **S. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name **Mark Bevington** **Street Address** 128 Dorrance Street, Unit 2C **City** **Providence** **Street Address** 128 Dorrance Street, Unit 2C **City** **Providence** **RI** **Order Address** 128 Dorrance Street, Unit 2C **Manager Name** **Man	5. State of Formation Rhode Island	
Contact Name Mark Bevington Street Address 128 Dorrance Street, Unit 2C R. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Mark Bevington Street Address 128 Dorrance Street, Unit 2C City Providence RI Street Address Annager Name Manager Name Manager Name Manager Name	2 <i>ip</i> 02903	
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Providence RI 02903 Manager Name Manager Name	Street Address	
	Zip	
Street Address Street Address		
	Street Address	
City State Zip City State	Zip	
9. RESIDENT AGENT IN RHODE ISLAND	<u> </u>	

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

·	
File Date	
Check No	
Ву:	
FOR	SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Mark Bevington, Manager