	State of Rhode Office of the Secret		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Com Annual Report	pany		
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			
<b>1. ID No.</b> <u>000931958</u>			
2. Exact Name of the Limited Liability Company MADE FROM RI LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
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>453911</u>			
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducte	ed in Rhode Island
SALES OF GOODS, ARTWORK AND SERVICES			
5. Principal Office Addre	SS		
No. and Street: 61 ARROWHEAD TRAIL			
		ate: <u>RI</u> Zip: <u>02879</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>61 ARROWHEAD TRAIL</u>			
City or Town: <u>SOU</u>	TH KINGSTOWN Sta	te: <u>RI</u> Zip: <u>02879</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	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

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

JENNIFER WAHL 61 ARROWHEAD TRAIL SOUTH KINGSTOWN, RI 02879

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

**Signed this 25 Day of October, 2020 at 11:15:51 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 JENNIFER R WAHL

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved