	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001685412</u>	2		
2. Exact Name of the Limited Liability Company <u>BRAINGA, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes <u>here.</u> More <u>541511</u>	e information on <u>NAICS</u> can be found	online.	
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
SOFTWARE DEVELO	<u>PMENT</u>		
5. Principal Office Addre	SS		
	LLENDALE AVENUE TH PROVIDENCE Sta	ite: <u>RI</u> Zip: <u>02911</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Pe	rson:
Contact Name: Contact	Title:		
	<u>LENDALE AVENUE</u> <u>TH PROVIDENCE</u> Sta	te: <u>RI</u> Zip: <u>02911</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Liab RS	ility Company, if Appli	cable.
Title	Individual Name	Addre	ess
	First, Middle, Last, Suffix	Address, City or Town, Sta	ate, Zip Code, Country
MANAGER	PIERRE A. DESANGES	33 ALLEND NORTH PROVIDENC	ALE AVENUE E, RI 02911 USA
MANAGER	DEREK J. IACOBUCCI	3 HAZELWO	DOD STREET

CRANSTON, RI 02910 USA

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

PIERRE A DESANGES 33 ALLENDALE AVENUE NORTH PROVIDENCE, RI 02911

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 10:45:01 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>PIERRE DESANGES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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