	State of Rhode Office of the Secreta		Fee: \$50.00		
	Division Of Busines	s Services			
	148 W. River S				
	Providence RI 029	04-2615			
HOPE	(401) 222-30	040			
Limited Liability Com	pany				
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. 000156007					
2. Exact Name of the Limited Liability Company Rhode Island Interactive, 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 here. More information on NAICS can be found online.					
<u>541611</u>					
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducted in	Rhode Island		
EGOVERNMENT SERVICES					
5. Principal Office Addre	SS				
No. and Street: ONE S	TATE STREET, SUITE 200				
	IDENCE	State: <u>RI</u> Zip: <u>02908</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: ONE S	<u>TATE STREET, SUITE 200</u>				
City or Town: <u>PROVI</u>	DENCE	State: <u>RI</u> Zip: <u>02908</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			
	First, Middle, Last, Suffix	Address, City or Town, State, 2	Zip Code, Country		
MANAGER	STEPHEN M. KOVZAN	25501 WEST VALLEY F OLATHE, KS 6606			
MANAGER	SCOTT SOMERHALDER	25501 WEST VALLEY F	YKWY. SUITE 300		

1	MA	۱N/	AG	ER

THOMAS VAILL

OLATHE, KS 66061 USA

ONE STATE STREET, SUITE 200 PROVIDENCE, RI 02908 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER 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 27 Day of October, 2020 at 4:15:42 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 THOMAS VAILL

Signature of Authorized Person

Form No. 632 Revised 09/07

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