| | State of Rhode Office of the Secreta | | Fee: \$50.00 |
|--|--|--------------------------------------|--------------------|
| | Division Of Business 148 W. River S Providence RI 0290 | treet | |
| HOPE | (401) 222-30 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2020</u> | | |
| 1. ID No. <u>001693887</u> | 7 | | |
| 2. Exact Name of the Li | mited Liability Company <u>OMNIV</u> | ORE MEDIA GROUP LLC | 2 |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| - | Code that best describes the primary e information on <u>NAICS</u> can be found | - | ntity. Download |
| | e Character of the Business Which | is Actually Conducted in R | hode Island |
| THE BUSINESS HAS I | DONE NO ACTIVITY AND GEN | IERATED NO INCOME IN | <u>N 2020.</u> |
| 5. Principal Office Addre | SS | | |
| | OUNT HOPE AVENUE /IDENCE S | tate: <u>RI</u> Zip: <u>02906</u> Co | ountry: <u>USA</u> |
| 6. Mailing Address of Lin | nited Liability Company and Name | or Title of Contact Person | : |
| No. and Street: 67 MC | ELLISON Contact Title: PARTNER | _ | |
| City or Town: <u>PROV</u> | <u>(IDENCE</u> St | ate: <u>RI</u> Zip: <u>02906</u> Co | ountry: <u>USA</u> |
| 7. Name and Address of DO NOT LIST MEMBEI | Each Manager of the Limited Liab RS | ility Company, if Applicabl | е. |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zi | o Code, Country |
| MANAGER | DAVID HIRSCHMAN | 30 SHELDON ST PROVIDENCE, RI 0290 | |
| MANAGER | JOSHUA ELLISON | 67 MOUNT HOPE AVENUE | |

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

JOSHUA ELLISON 67 MOUNT HOPE AVENUE PROVIDENCE, RI 02906

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

Signed this 30 Day of October, 2020 at 9:51:40 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 <u>JOSHUA ELLISON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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