	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304	40	
Limited Liability Co Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability comp thin thirty (30) days after the time presc. a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R: <u>2020</u>		
1. ID No. <u>0016859</u>	24		
2. Exact Name of the	Limited Liability Company Skyroots	s, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	S Code that best describes the primary ore information on <u>NAICS</u> can be found		y the entity. Download
4. Brief Description of	the Character of the Business Which	is Actually Conduct	ted in Rhode Island
ONLINE SALES OF I	PARTY FAVORS AND OTHER RE	ELATED GOODS.	
5. Principal Office Add	ress		
No. and Street: 37	COLUMBUS AVE.		
	ARRINGTON State:	<u>RI</u> Zip: <u>02806</u>	Country: <u>USA</u>
-	Limited Liability Company and Name	or Title of Contact I	Person:
	SEBER Contact Title:		
No. and Street: 37	COLUMBUS AVE. RRINGTON State:	<u>RI</u> Zip: <u>02806</u>	Country: <u>USA</u>
No. and Street: <u>37</u> City or Town: <u>BA</u>	ARRINGTON State: of Each Manager of the Limited Liab		
No. and Street: 37 City or Town: BA 7. Name and Address	ARRINGTON State: of Each Manager of the Limited Liab	bility Company, if Ap	

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

ADAM G. NORTHUP 220 RICHMOND TOWNHOUSE RD. SUITE 2 RICHMOND , RI 02812

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 2:17:45 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>ADAM NORTHUP</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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