| | State of Rhode Office of the Secret | | Fee: \$50.00 |
|--|--|----------------------------------|----------------------|
| | Division Of Busines 148 W. River | Street | |
| HOPE | Providence RI 029 (401) 222-30 | | |
| imited Liability Com Annual Report | | | |
| n accordance with R.I.G.L. | 7-16-66(d), each limited liability con n thirty (30) days after the time pres | | |
| ANNUAL REPORT YEAR: | <u>2020</u> | | |
| 1. ID No. <u>001690490</u> | <u>)</u> | | |
| 2. Exact Name of the Lir | mited Liability Company Selway | Labs, LLC | |
| 3. State of Formation | | | |
| State: <u>CO</u> | | | |
| | ARTICLE III | | |
| the list of codes <u>here.</u> More | e information on <u>NAICS</u> can be foun | d online. | |
| 4. Brief Description of the | e Character of the Business Whic | h is Actually Conducted i | in Rhode Island |
| BUSINESS AND SOFT | WARE CONSULTING | | |
| 5. Principal Office Addres | SS | | |
| | <u>OWNSEND STREET</u> <u>RINGTON</u> St | ate: <u>RI</u> Zip: <u>02806</u> | Country: <u>USA</u> |
| 6. Mailing Address of Lir | nited Liability Company and Nan | e or Title of Contact Pers | son: |
| Contact Name: Contact | Title: | | |
| No. and Street: 24 TC | WNSEND STREET | | |
| City or Town: BARR | RINGTON Sta | ate: <u>RI</u> Zip: <u>02806</u> | Country: <u>USA</u> |
| 7. Name and Address of DO NOT LIST MEMBER | Each Manager of the Limited Lia | bility Company, if Applic | able. |
| Title | Individual Name | Addres | S |
| | First, Middle, Last, Suffix | Address, City or Town, State | e, Zip Code, Country |
| MANAGER | MAX MASNICK | 24 TOWNSEI BARRINGTON, RI | - |
| MANAGER | MAX MASNICK | 24 TOWNSEND ST. | |

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

MAX MASNICK 24 TOWNSEND STREET BARRINGTON, RI 02806

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 2:51:44 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>MAX MASNICK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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