	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Co Annual Report Filing Period: September			
	.L. 7-16-66(d), each limited liability comp ithin thirty (30) days after the time prescr a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2020</u>		
1. ID No. <u>0016939</u>	004		
2. Exact Name of the	Limited Liability Company Clear Vis	ion Tech LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	S Code that best describes the primary bore information on <u>NAICS</u> can be found o		by the entity. Download
541510			
<u>541512</u>			
	the Character of the Business Which	is Actually Conduc	ted in Rhode Island
4. Brief Description of	the Character of the Business Which	-	
4. Brief Description of	MS INTEGRATION DESIGN CONS	-	
4. Brief Description of <u>COMPUTER SYSTE</u>	MS INTEGRATION DESIGN CONS	-	
4. Brief Description of <u>COMPUTER SYSTE</u> 5. Principal Office Add No. and Street: City or Town:	MS INTEGRATION DESIGN CONS Iress <u>8 HOLIDAY DR</u>	SULTING SERVIC	<u>CES</u> Country: <u>US</u>
4. Brief Description of <u>COMPUTER SYSTE</u> 5. Principal Office Add No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact No. and Street:	MS INTEGRATION DESIGN CONS Iress <u>8 HOLIDAY DR</u> <u>LINCOLN</u> State: <u>RI</u> Limited Liability Company and Name ct Title: <u>8 HOLIDAY DR</u>	Zip: <u>02865</u> or Title of Contact	Country: <u>US</u> Person:
 4. Brief Description of <u>COMPUTER SYSTE</u> 5. Principal Office Add No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact No. and Street: City or Town: 	MS INTEGRATION DESIGN CONS Iress 8 HOLIDAY DR LINCOLN State: RI Limited Liability Company and Name ct Title: 8 HOLIDAY DR LINCOLN State: RI Of Each Manager of the Limited Liab	Zip: <u>02865</u> or Title of Contact	Country: <u>US</u> Person: Country: <u>US</u>
4. Brief Description of <u>COMPUTER SYSTE</u> 5. Principal Office Add No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact No. and Street: City or Town: 7. Name and Address	MS INTEGRATION DESIGN CONS Iress 8 HOLIDAY DR LINCOLN State: RI Limited Liability Company and Name ct Title: 8 HOLIDAY DR LINCOLN State: RI Of Each Manager of the Limited Liab	Zip: <u>02865</u> or Title of Contact Zip: <u>02865</u> ility Company, if A	Country: <u>US</u> Person: Country: <u>US</u>

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

MICHAEL RENZI 8 HOLIDAY DR LINCOLN, RI 02865

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 3:17:44 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 MICHAEL RENZI

Signature of Authorized Person

Form No. 632 Revised 09/07

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