RI SOS Filing Number: 202071948380 Date: 10/29/2020 4:00:00 PM

**Department of State - Business Services Division** 

Annual Report for the Limited Liability Con  → Filing period: Septen  → Filing Fee: \$50.00  → Penalty: Additional \$2	mpany nber 1 - Novem	ber 1	ecember 1. יער	OCT 2 9 2020		
3. NAICS Code  3. VIII  5. State of Formation	2. Exact n	ame of the Limite	ed Liability Company  SCUAPE LLC haracter of business conducted in I			
6. Principal Office Address  2 Arnold ST-			City JAMESTOWN	State /2/	Zip 02835	
7. Mailing Address of Limite	d Liability Comp	any and Name or	r Title of Contact Person			
Contact Name JAMES IZZi			Contact Title			
Street Address ANNOO ST-			City AMES TOWN	State 12 1	<sup>Zip</sup> 02835	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name		<u></u>	Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
/		<u> </u>		I Check the box to	indicate an attachment	
9. The Resident Agent infor	mation currently	of record with the	RI Department of State is accurate			
	l declare and af	firm that I have	examined this report, including a			
Name of Authorized Person			Sac and Correct.	10 - 26 - 20		
Signature of Authorized Per	James	20-				
	)	0				

MAIL TO:

**Division of Business Services** 

State of Rhode Island

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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