| | State of Rhode Office of the Secreta | | Fee: \$50.00 |
|--|---|------------------------|--------------------------------|
| Division Of Business Services | | | |
| 148 W. River Street | | | |
| Hant | Providence RI 0290 (401) 222-304 | | |
| | | | |
| Limited Liability Com Annual Report | ipany | | |
| Filing Period: September 1 | - November 1 | | |
| | 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00 | | |
| ANNUAL REPORT YEAR: | | | |
| 1. ID No. <u>00167577</u> | 7 | | |
| 2. Exact Name of the Limited Liability Company Sustainable Future, LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. | | | |
| 999999 | | | |
| 4 Drief Description of th | - Character of the Dusiness Which | | ad in Dhada Jaland |
| 4. Brief Description of th | e Character of the Business Which | is Actually Conduct | ed in Knode Island |
| PRODUCTS AND SERVICES THAT SUPPORT SUSTAINABILITY. | | | |
| 5. Principal Office Addre | ss | | |
| | | | |
| | AUBURN DRIVE ARLESTOWN State: | RI Zip: 02813 | Country: USA |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| - | | or little of Contact I | Person: |
| Contact Name: Contact Title: No. and Street: 135 AUBURN DRIVE | | | |
| | ARLESTOWN State: | RI Zip: <u>02813</u> | Country: USA |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | بلم ۸ | dress |
| i iue | First, Middle, Last, Suffix | | State, Zip Code, Country |
| MANAGER | JOHN STEVEN HACUNDA | | JBURN DRIVE N, RI 02813 USA |

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

JOHN HACUNDA 135 AUBURN DRIVE CHARLESTOWN, RI 02813

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

Signed this 1 Day of November, 2020 at 2:06:26 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 JOHN HACUNDA

Signature of Authorized Person

Form No. 632 Revised 09/07

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