



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001690153

**2. Exact Name of the Limited Liability Company** BITRAIL, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

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.

522320

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

ALL LEGAL PURPOSES INCLUDING WITHOUT LIMITATION PROVISIONS OF PAYMENT PROCESSING SERVICES

**5. Principal Office Address**

No. and Street: 800 BATTERY AVENUE SE, SUITE 3090

City or Town: ATLANTA

State: GA Zip: 30339-4261 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: SUSAN LOKEY Contact Title: MANAGER

No. and Street: PO BOX 386

City or Town: KENNESAW

State: GA

Zip: 30156

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SUSAN LOKEY	800 BATTERY AVENUE SE, SUITE 3090 ATLANTA, GA 30339-4261 USA

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

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 13 Day of November, 2020 at 11:45:40 AM 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 SUSAN LOKEY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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