SOS Filing Nun	nber: 2020	78354580	Date: 11/20/20	20 4:00:00 I	PM	
State of Rhode Islands Department of		iness Service	ıs Division			
Annual Report for the Limited Liability Con  → Filing period: Septen  → Filing Fee: \$50.00  → Penalty: Additional \$2	<b>mpany</b> mber 1 - Novemb	per 1	R.I. DEPT. OF BUS SVCS		STANA.	
1. Entity ID Number 901701970		Exect name of the Limited Liability Company     Glen Viglone, I.I.C				
3. NAICS Code 541922 5. State of Formation		Brief description of the character of business conducted in Rhode Island Photgraphy				
RI 6. Principel Office Address 7 Abbott Run Valley Road			City Cumberland	State RI	Zip 02864	
7. Mailing Address of Limiti		ny and Name or Titl	de of Contact Person			
Contact Name Glen Vigione			Contact Title Officer	Contact Title Officer		
Street Address 7 Abbot Run Valley Road			City Cumberland	State RI	<sup>Z<sub>1</sub>p</sup> 02864	
8. List ALL managers (nan Manager Name	nes and addresses	i) of the Limited Liab	bility Company, IF APPLICAB Meneger Name	ILE - DO NOT LIST	MEMBERS	
Street Address			Street Address			
City	State	Zip	City	State	Z·ρ	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zlp	City	State	Zip	
·					indicate an attachment	
				onto Changes requi	re filing Form 642	
			Department of State is accurate this report, including			
Under penalty of perjury, statements, and that all t	, i declare and effi statements contai	irm that I have exa	mined this report, including	g any accompanyir		
Under penalty of perjury,	, i declare and effi statements contai	irm that I have exa	mined this report, including	Date		

Division of Business Services

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

Phone: (401) 222-3040

Website: www.soc.d.gov

MAIL TO:

FORM 632 - Revised: 08/2020

FILED NOV 3 0 2020
BYCM CK 5695