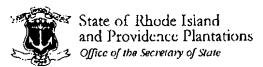
FILED



NOV 3 0 2020 OL

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, Rt 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: Septembor 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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&x)) is subject to a penalty fee of \$25.00.

1. ID No 001698837		name of the limited Hability company ITERPRISE, LLC					
3. State of Formation Rhode Island 1. Brief description of the character of the business while Rhode Island			b is actually conducted in Rhode Island Nolding 531110				
5. Principal office address 1 Crosswind Road				Westerly	State RI	<i>Σφ</i> 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name William A. Nardone				OR TITLE OF CONTACT PERSON: Contact Title Agent			
Street address 42 Granite Street				Gry Westerly	State RI	zւր 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)							
Manager Nume				Manager Name			
Stren Address				Street Address			
Clty		State	Ир	City	State	<i>2.</i> ф	
Manager Name				Manager Name			
Street Address			Street Address				
City		State	ZIp	City	State	ZΨ	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							

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

001698837

File Date	<u>}. \ \</u>	<u> </u>	
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Check No.	.:		\ · · · -
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By:	-		
	FOR SECK	HETARY OF STATE USE	ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of adhorized Person Date

Print or Type Name of Authorized Person

Form 632 Rev. 08/08