9 The Resident Agent information currently of record with the Rt Department of State is accurate. Changes require filing Form 642.

City

Ζip

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.

Name of Authorized Person

Benjamin Phillips

Signature of Authorized Person

Date /

Check the box to indicate an attachment

MAIL TO:

City

Division of Business Services

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

State

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

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