



State of Rhode Island

## Department of State - Business Services Division

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 DEC 18 PM 12:59

 Annual Report for the year: 2020  
 Limited Liability Company

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |             |   |                  |                   |              |
|---|-------------|---|------------------|-------------------|--------------|
| 1. Entity ID Number<br>000119667  |             | 2. Exact name of the Limited Liability Company<br>Government Liquidation.com, LLC                             |                  |                   |              |
| 3. NAICS Code<br>443900   |             | 4. Brief description of the character of business conducted in Rhode Island<br>SALE OF MISC. MILITARY SURPLUS |                  |                   |              |
| 5. State of Formation<br>DE   |             |   |                  |                   |              |
| 6. Principal Office Address<br>6931 ARLINGTON ROAD SUITE 200  |             |   | City<br>BETHESDA | State<br>MD       | Zip<br>20814 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |             |   |                  |                   |              |
| Contact Name<br>CT Corp   |             |   | Contact Title    |                   |              |
| Street Address  |             |   | City             | State             | Zip          |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |             |   |                  |                   |              |
| Manager Name<br>[see attachment 1]  |             |   | Manager Name     |                   |              |
| Street Address<br>6931 ARLINGTON ROAD SUITE 200   |             |   | Street Address   |                   |              |
| City<br>BETHESDA  | State<br>MD | Zip<br>20814  | City             | State             | Zip          |
| Manager Name  |             |   | Manager Name     |                   |              |
| Street Address  |             |   | Street Address   |                   |              |
| City  | State       | Zip   | City             | State             | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |             |   |                  |                   |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642  |             |   |                  |                   |              |
| <i>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.</i> |             |   |                  |                   |              |
| Name of Authorized Person<br>Mark Shaffer   |             |   |                  | Date<br>12-2-2020 |              |
| Signature of Authorized Person<br>  |             |   |                  |                   |              |

## MAIL TO:

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FILED

DEC 18 2020

BY 26 M H G

FORM 632 - Revised: 08/2020

AA.

**Attachment 1 – Government Liquidation.com**

William P. Angrick, III – Chairman & CEO

Mark A. Shaffer – Vice President and Secretary

Scott O'Donnell – Vice President