State of Rhode Island and Providence Plantations Department of State - Business Services Division 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.					2020 DEC 30	
						SVCS DIV
					1. Entity ID Number 001698120	
3. NAICS Code 423200		Brief description of the character of business conducted in Rhode Island business to business contract furniture dealer				
5. State of Formation Rhode Island						
5. Principel Office Address 41 Commercial Way			City East Providence	State RI	Zlp 02914	
7. Mailing Address of Limited	d Liability Compar	ny and Name or Tr	lle of Contact Person			
Contact Name E@WRI, LLC			Contact Title			
Street Acciress 300 A Street			City Boston	State MA	^{Zp} 02110	
		of the Limited Lia	bility Company, IF APPLICAR	BLE - DO NOT LIST I	MEMBERS	
Manager Name Integrated@Work LLC			Managor Namo			
Street Address 300 A Street			Street Address			
Chy Boston	Siale MA	Zip 02210	City	State	Zφ	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				•	ndicate an ettachment	
	l declare and affir	m that I have exa	cord with the Department of Statement of Sta			
Name of Authorized Person Michelle Shaver				Dawn 12/3	12/20	
Circulate of Authorized Par	****				'	

MAIL TO:

Division of Business Sorvices 148 W. River Street, Prundence, Rhodo Islanti 02004-7615 Phone: (401) 222 J040

Signature of Authorized Parson
Kululle Anax

Website: www.ecs.n gov

FILED 12:27

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