RI SOS Filing Number: 202198181350 Date: 6/11/2021 2:34:00 PM



Department of State - Business Services Division

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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STAMP

FLE PROPURATION OF STATIS

2021 JUN 11 P 2: 33

4.5-45-45-4					
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000 99 7089	The Screen Dactor Uc				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
443142	I .		4		nobile Dri
5. State of Formation	1 ७५८	and sc	ervice of Comp	uter	TODAL DEVILA
RI			*		
6. Principal Office Address	'		City	State	Zip
GIS Central Kve			Par tucket	? BI	
7. Mailing Address of Limited Lia	bility Company a	ind Name or Titl	e of Contact Person	<u></u> t <u></u>	
Contact Name Emmanuel Algsug			Contact Title Manging Member		
Street Address GIF Central Ave			City Parity	A State A I	Zip UMCI
8. List ALL managers (names a	nd addresses) of	the Limited Liab	oility Company, IF APPLICA	BLE - DO NOT LIST M	IEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>			Check the box to in	idicate an attachment
9. The Resident Agent information	on currently of re	cord with the RI	Department of State is accu	rate. Changes require	filing Form 642
Under penalty of perjury, I dec statements, and that all staten	lare and affirm :	that i have exam	mined this report, includic	ig any accompanying	schedules and
Name of Authorized Person	· · · · ·			Date	
Emmanyll	Myrsug			06/1	1/21
Signature of Authorized Person	J	`		 • _	
			()	·- ·-	
				FILED :	<u> </u>

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 1 2021

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