



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

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

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001700521

**2. Exact Name of the Limited Liability Company** Advantage Capital RI-MM-I, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

525990

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE COMPANY HAS BEEN ORGANIZED TO ENGAGE IN ANY AND ALL LAWFUL  
ACTIVITY  
FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED UNDER THE  
RHODE ISLAND LIMITED LIABILITY COMPANY ACT, R.I.G.L. 7-16, AS AMENDED.

**5. Principal Office Address**

No. and Street: 166 VALLEY STREET  
BUILDING 6M #103

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 909 POYDRAS STREET, STE. 2230

City or Town: NEW ORLEANS State: LA Zip: 70112 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL T. JOHNSON	909 POYDRAS STREET STE. 2230 NEW ORLEANS, LA 70112 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD SUITE 200 WARWICK , RI  
02888

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

**Signed this 20 Day of August, 2021 at 5:04:32 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL T. JOHNSON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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