

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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
653683	Solar Canopy IIc				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541310	Design and fabrication of custom Solar canopies.				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
410 Benefit Street			Providence	RI	02903
7. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person		<u></u>
Contact Name Donald S. Richardson		Contact Title Founder/CEO			
Street Address 410 Benefit Street			^{City} Providence	State	^{Zip} 02903
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS
Manager Name) (MMAS WMMSM)			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zıp
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
····-	<u> </u>		1	Check the box to	indicate an attachment
9. The Resident Agent information	on currently of rec	cord with the RI D	Department of State is accur	rate. Changes requir	e filing Form 642.
Under penalty of perjury, I dec statements, and that all staten				g any accompanyin	g schedules and
Name of Authorized Person Donald S. Richardson		Date	1		
		8/24/2021			
Signature of Authorized Person	Donald K	Pichardso	n		
	•			FILER	
				FILED	C

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 24 2021

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