	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2021</u>		
<b>1. ID No.</b> <u>00170653</u>	<u>4</u>		
2. Exact Name of the Li	mited Liability Company <u>Diverzify</u>	v + LLC	
3. State of Formation			
State: <u>DE</u>			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	he entity. Download
<u>238330</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	I in Rhode Island
FLOORING SALES.			
FLOORING SALES. 5. Principal Office Addre	SS		
5. Principal Office Addre	W. IRVING PARK RD	ate: <u>IL</u> Zip: <u>60143</u>	Country: <u>USA</u>
5. Principal Office Addre         No. and Street:       865 V         City or Town:       ITAS	W. IRVING PARK RD		•
5. Principal Office Addre         No. and Street:       865 V         City or Town:       ITAS         6. Mailing Address of Line         Contact Name:       ELLEN H	W. IRVING PARK RD SCA Sta mited Liability Company and Name KOSMAN Contact Title: EST IRVING PARK ROAD		rson:
5. Principal Office Addre         No. and Street:       865 V         City or Town:       ITAS         6. Mailing Address of Line         Contact Name:       ELLEN H         No. and Street:       865 W         City or Town:       ITASC	W. IRVING PARK RD SCA Sta mited Liability Company and Name KOSMAN Contact Title: EST IRVING PARK ROAD A Each Manager of the Limited Liak	e or Title of Contact Pe State: <u>IL</u> Zip: <u>6014</u>	rson: <u>3</u> Country: <u>USA</u>
5. Principal Office Addre         No. and Street:       865 V         City or Town:       ITAS         6. Mailing Address of Line         Contact Name:       ELLEN H         No. and Street:       865 W         City or Town:       ITASC         7. Name and Address of	W. IRVING PARK RD SCA Sta mited Liability Company and Name KOSMAN Contact Title: EST IRVING PARK ROAD A Each Manager of the Limited Liak	e or Title of Contact Pe State: <u>IL</u> Zip: <u>6014</u>	rson: <u>3</u> Country: <u>USA</u> icable.

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 25 Day of August, 2021 at 10:51:24 AM 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 <u>ELLEN KOSMAN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved