| | State of Rhode Office of the Secreta | | 50.00 |
|--|--|--|------------|
| | Division Of Business 148 W. River St | | |
| 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> | | |
| 1. ID No. <u>000143708</u> | 3 | | |
| 2. Exact Name of the Lin | mited Liability Company <u>WARW</u> | ICK CPA ASSOCIATES, LLC | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| 5 | Code that best describes the primary e information on <u>NAICS</u> can be found | business conducted by the entity. Downlo online. | ad |
| <u>531120</u> | | | |
| 4. Brief Description of th | e Character of the Business Which | is Actually Conducted in Rhode Island | d |
| RENTAL OF BUSINES | SS CONDO | | |
| 5. Principal Office Addre | SS | | |
| | TERVILLE ROAD, BUILDING 3 | -10 | |
| City or Town: WARWI | <u>- UNIT 10</u> <u>CK</u> | State: <u>RI</u> Zip: <u>02886</u> Country: <u>U</u> | <u>JSA</u> |
| 6. Mailing Address of Lir | nited Liability Company and Name | or Title of Contact Person: | |
| | S E BACON Contact Title: MEMBE | <u>R</u> | |
| | <u>PRING VALLEY DR</u> <u>GREENWICH</u> Stat | e: <u>RI</u> Zip: <u>02818</u> Country: <u>USA</u> | 7 |
| 7. Name and Address of DO NOT LIST MEMBEI | Each Manager of the Limited Liab | ility Company, if Applicable. | |
| Title | Individual Name | Address | |
| MANAGER | First, Middle, Last, Suffix THOMAS E BACON | Address, City or Town, State, Zip Code, Country | y |
| | | 170 SPRING VALLEY DR EAST GREENWICH, RI 02818 USA | |

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

THOMAS E. BACON 170 SPRING VALLEY DRIVE EAST GREENWICH, RI 02818

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 12:35:25 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 <u>THOMAS E BACON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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