State of Rhode Island Office of the Secretary of State       Per: SSUM Office of the Secretary of State         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         ITHE Light 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 the is annual report whith rhry (20) days after the time prescribed by law (R.I.G.L. 7- 1646(64c)) is subject to a penaty fee of 825.00         ANNUAL REPORT YEAR: 2021         1         1 In No. 001697674         2         Exact Name of the Limited Liability Company COD Management LI.C         3 State of Formation         State: El         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 MAICS can be found online.         711410         4. Brief Description of the Character of the Business Which is actually Conducted in Rhode Island RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17.BRANCH LANE NO. and Street:       17.BRANCH LANE NO. and Street:       17.BRANCH LANE NO. Contact Title:       20.SZ 261 Country: USA         Add					
148 W. River Street Providence RI 02904-2615 (d01) 222-3040         Limited Liability Company Annual Report         Piling Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(4), 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(86)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2021         1. ID No. 001697674         2. Exact Name of the Limited Liability Company (COD Management 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.         711410         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS,         5. Principal Office Address         No. and Street:       17 BRANCH LANE City or Town:       State: RI       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name:       Contact Title: No. and Street:       175 DANIELSON PIKE P.O. DOX 244       Zip: 02857       Country: USA         7. Name and Address of Each Manager of the Limited Liabi				Fee: \$50.00	
(401) 222-3040         Limited Liability Company Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(0.4), each limited liability company failing or refusing to file its annual report withinity (20) days after the time prescribed by law (R.I.G.L. 7- 16-86(0.8.c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2021         1. ID No. 001697674         2. Exact Name of the Limited Liability Company COD Management 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 hare. More information on NAICS can be found online. 711410         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes hare. More information on NAICS can be found online. 711410         A RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street: 17 BRANCH LANE City or Town: NORTH SCITUATE         Contact Title: No. and Street: 175 DANIELSON PIKE P.O. BOX 284         Contact Title: No and Street: T/S DANIELSON PIKE P.O. BOX 284         Contact Title: No Contact Street: NORTH SCITUATE         Nort LIST MEMBERS <td< td=""><td colspan="5"></td></td<>					
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.       001697674         2. Exact Name of the Limited Liability Company COD Management LLC         3. State of Formation         State: R]         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.         711410         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RECRUTTMENT, REPRESENTATION, CONTRACT NEGOTIATIONS,         5. Principal Office Address         No. and Street:       17 BRANCH LANE         City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       175 DANIELSON PIKE       E.O. DOX 284       City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA	HOPE				
Filing Poriod: 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. 001697674 2. Exact Name of the Limited Liability Company COD Management 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. 711410 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS. 5. Principal Office Address No. and Street: 17 BRANCH LANE City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 17. DANIELSON PIKE P.O. BOX 284 City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		pany			
to file its annual report within thirty (30) days after the time prescribed by faw (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. 001697674 2. Exact Name of the Limited Liability Company COD Management 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. 711410 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS. 5. Principal Office Address No. and Street: 17 BRANCH LANE City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 17.5 DANIELSON PIKE P.O. BOX 284 City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address		- November 1			
1. ID No.       001697674         2. Exact Name of the Limited Liability Company COD Management 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.         711410         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17 BRANCH LANE         City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       175 DANIELSON PIKE       E.O. BOX 284       City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         7 Outry: USA         7 ONT LIST MEMBERS	to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-				
2. Exact Name of the Limited Liability Company COD Management 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.         711410         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17 BRANCH LANE NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       175 DANIELSON PIKE P.O. BOX 284         City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         6. Mailing Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name       Address	ANNUAL REPORT YEAR: 2021				
3. State of Formation State: Ri         ARTICLE III         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. 711410         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17 BRANCH LANE NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       175 DANIELSON PIKE         P.O. BOX 284       City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS	<b>1. ID No.</b> <u>001697674</u>				
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.         711410         A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17 BRANCH LANE NORTH SCITUATE       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       175 DANIELSON PIKE         E.O., BOX 284       Zip: 02857       Country: USA         6. Mailing Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS	2. Exact Name of the Limited Liability Company COD Management LLC				
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.         711410         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17 BRANCH LANE NORTH SCITUATE       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       175 DANIELSON PIKE P.O. BOX 284       Zip: 02857       Country: USA         6. More information on the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS	3. State of Formation				
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.         711410 <b>4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island</b> RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS. <b>5. Principal Office Address</b> No. and Street:       17 BRANCH LANE NORTH SCITUATE       State: RI       zip: 02857       Country: USA <b>6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:</b> Contact Title: No. and Street:         175 DANIELSON PIKE       P.O. BOX 284       City or Town:       NORTH SCITUATE       State: RI       zip: 02857       Country: USA <b>7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Title Not LIST MEMBERS</b>	State: <u>RI</u>				
the list of codes here, More information on NAICS can be found online.         711410         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17 BRANCH LANE         City or Town:       NORTH SCITUATE         State: RI       Zip: 02857         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       175 DANIELSON PIKE         P.O. BOX 284       City or Town:         NORTH SCITUATE       State: RI       Zip: 02857         Country: USA       7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Individual Name       Address					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17 BRANCH LANE NORTH SCITUATE         City or Town:       NORTH SCITUATE         State: RI       Zip: 02857         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title: P.O. BOX 284         City or Town:       NORTH SCITUATE         State: RI       Zip: 02857         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name	•				
RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.         5. Principal Office Address         No. and Street:       17 BRANCH LANE City or Town:       Yester RI       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       175 DANIELSON PIKE P.O. BOX 284         City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name       Address	<u>711410</u>				
5. Principal Office Address         No. and Street:       17 BRANCH LANE         City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       175 DANIELSON PIKE         P.O. BOX 284         City or Town:       NORTH SCITUATE         State: RI       Zip: 02857       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address	4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island	
No. and Street: City or Town:       17 BRANCH LANE NORTH SCITUATE       State: RI       Zip:       02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title: 175 DANIELSON PIKE P.O. BOX 284       Jim Pike P.O. BOX 284       Jim Pike P.O. BOX 284         City or Town:       NORTH SCITUATE       State: RI       Zip:       02857       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address	RECRUITMENT, REPRESENTATION, CONTRACT NEGOTIATIONS.				
City or Town:       NORTH SCITUATE       State: RI       Zip:       02857       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       175 DANIELSON PIKE         P.O. BOX 284         City or Town:       NORTH SCITUATE         State:       RI         Zip:       02857         Country:       USA	5. Principal Office Addre	SS			
Contact Name:       Contact Title:         No. and Street: <u>175 DANIELSON PIKE</u> P.O. BOX 284         City or Town: <u>NORTH SCITUATE</u> State: <u>RI</u> Zip: <u>02857</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         Address			<u>I</u> Zip: <u>02857</u>	Country: <u>USA</u>	
No. and Street:       175 DANIELSON PIKE         P.O. BOX 284       P.O. BOX 284         City or Town:       NORTH SCITUATE       State: RI       Zip: 02857       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address	6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact F	Person:	
City or Town:       NORTH SCITUATE       State: RI       Zip:       02857       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address	No. and Street: <u>175 DANIELSON PIKE</u>				
DO NOT LIST MEMBERS Title Individual Name Address			<u>RI</u> Zip: <u>02857</u>	Country: USA	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Ado	lress	

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

CHRISTOPHER R. O'DONNELL <u>17 BRANCH LANE</u> NORTH SCITUATE, <u>RI</u> 02857

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 1:47:25 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>CHRISTOPHER R O'DONNELL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved