	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report	pany		
Filing Period: September 1	- November 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>001702862</u>	2		
2. Exact Name of the Li	mited Liability Company Flanders	Staff Associates, LLC	2
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. More	Code that best describes the primary e information on <u>NAICS</u> can be found	•	the entity. Download
<u>541611</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	d in Rhode Island
SERVE AS A STAFF A	SSOCIATE AND DIRECTOR OF	RESEARCH ENGI	NEERING AND
MANUFACTURING			
INC. AND OF CONTI A.G. LICENSORS OF F	FASTENER TECHNOLOGY.		
5. Principal Office Addre	SS		
No. and Street: 183	PINE GLEN DRIVE		
City or Town: <u>EAS</u>	<u>T GREENWICH</u> State	e: <u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact P	erson:
	G. FLANDERS, JR. Contact Title:	MANAGING MEMBER	
	<u>PINE GLEN DRIVE</u> <u>I GREENWICH</u> State	: <u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab RS	ility Company, if App	licable.
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	

MANAGER

ROBERT GILMORE FLANDERS JR.

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

ROBERT FLANDERS 183 PINE GLEN 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 7:55:27 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 /S/ROBERT G. FLANDERS, JR.

Signature of Authorized Person

Form No. 632 Revised 09/07

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