

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2021

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50,00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25,00 PENALTY FEE.

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3. State of Formation	4. Brief descr	iption of the character	of business conducted in Rhode ansulting, Cozch	Island Too is	Ace	
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5. Principal office address	i		City	State	Zip	
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5. MAILING ADDRESS OF L Contact Name	IMITED LIABILITY	Y COMPANY AND NA	ME OR TITLE OF CONTACT PE			
F.B. Sat	terth~2	ite Je	President Dim	ensional Le	edenship LCC	
Street Address 66 For	+ Ave	,	City ranston	State	Zip 02905	
		DECCES) OF THE LIB		1,245		
7. LIST <u>ALL</u> MANAGERS (N "X" BOX FOR ATTACHM		HESSES) OF THE LIN	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DU I</u>	101 LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Stmat Address	Street Address		
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City	State	Zip	City	State	Zip	
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8. RESIDENT AGENT IN RHO This Information is currently	ODE ISLAND	Office of the Secreta	Under penalty of perjuthis report, including and that all statements	SEP BY	m that I have examined schedules and statement	
8. RESIDENT AGENT IN RHO This Information is currenti	ODE ISLAND	Office of the Secreta	Under penalty of perjuthis report, including and that all statements	SEP BY SEP BY SEP By SEP Brany accompanying so contained herein a	rm that I have examined schedules and statement re true and correct.	
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8. RESIDENT AGENT IN RHO This Information is currently File Date Check No	ODE ISLAND y of record in the	Office of the Secreta	Under penalty of perjuthis report, including and that all statements	SEP BY SEP BY SEP BY	m that I have examined schedules and statement re true and correct.	

Form No. 632 Revised: 01/2012