RI SOS Filing Number: 202101990910 Date: 9/21/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: SEP 2 1 2021

Limited Liability Company

Filing Period: September 1 - November 1

Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|--|--|--------------------|------------------|------------------|---------------------|--------------------|
| 1666725 | PHOPRIX PRODURTIUS LLC. | | | | | |
| 3. NAICS Code | 4. Brief descrip | tion of the charac | cter of business | conducted in Rho | de Island | |
| 531120 5. State of Formation R.L | LEASING - COMMERCIAL RENTAL | | | | | |
| 6. Principal Office Address | | | City | • | State | Zip |
| 225 MACKLIN ST. | | | CRANSTO | | RI | 04920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Nems KUSSEZL (VCIK)O | | | Contact Title | | | |
| Street Address CALDER ST. | | | CITYRANS | 70N) | State | 21p 02920 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name RUSSIAL CULINO | | | Manager Name | | | |
| Street Address CALDER ST. | | | Street Address • | | | |
| RANSTON | State | 21p 03930 | City | | State | Zıp |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | C-ty | | S:ate | Zip |
| | ! | 1 | 1 | Che | eck the box to indi | cate an attachment |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | | |
| Name of Authorized Person Date | | | | | | |
| Russell Cucino 9-17-21 | | | | | | |
| Signature of Authorized Person | | | | | | |
| 162581 Ce | | | | | | |

MAIL TO:

Division of Business Services

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

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