



State of Rhode Island
 Department of State - Business Services Division

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 BUS SVCS DIV

2021 SEP 24 A 10:30

Annual Report for the year: 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.

1. Entity ID Number <u>1691511</u>		2. Exact name of the Limited Liability Company <u>Roy Exclusive LLC</u>			
3. NAICS Code <u>442299</u>		4. Brief description of the character of business conducted in Rhode Island <u>Used Furniture & General Sales</u>			
5. State of Formation <u>ROSS RI</u>					
6. Principal Office Address <u>102 BROAD ST APT 42</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Roy Gebler</u>			Contact Title <u>BOSS</u>		
Street Address <u>102 BROAD ST APT 44</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <u>Roy Gebler</u>				Date <u>9-23-21</u>	
Signature of Authorized Person <u>Roy Gebler</u>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED ✓
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