**State of Rhode Island**
**Office of the Secretary of State**

**Fee: $50.00**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

## Limited Liability 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 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.** 000485413

**2. Exact Name of the Limited Liability Company** BRIGHTSTAR DEVICE PROTECTION, LLC

**3. State of Formation**

State: DE

**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.

517919

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO PROVIDE HANDSET REPLACEMENT AND REPAIR SERVICES TO WIRELESS TELEPHONE
SERVICE PROVIERS, AND TO ENGAGE IN SUCH OTHER ACTIVITIES AS ARE ANCILLARY
THERETO AND PERMITTED FOR LIMITED LIABILITY COMPANY ORGANIZED IN DELAWARE.

**5. Principal Office Address**

No. and Street: 2325 LAKEVIEW PARKWAY, SUITE 700
City or Town: ALPHARETTA State: GA Zip: 30009 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:
No. and Street: 2325 LAKEVIEW PARKWAY, SUITE 700
City or Town: ALPHARETTA State: GA Zip: 30009 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**
**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| MANAGER | GAVIN M. TURNER | 2325 LAKEVIEW PARKWAY, SUITE 700<br>ALPHARETTA, GA 30009 USA |
| MANAGER | C. JASON PAYNE | 2325 LAKEVIEW PARKWAY, SUITE 700<br>ALPHARETTA, GA 30009 USA |
| MANAGER | THOMAS CASE | 2325 LAKEVIEW PARKWAY, SUITE 700<br>ALPHARETTA, GA 30009 USA |

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 5 Day of October, 2021 at 8:42:23 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07

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