

ANNUAL REPORT FOR THE YEAR _____

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 OCT -5 AM II: 06

Filing Period: September 1 - November 1

148 W. River Street, Providence, RI 02904-2615

Phone: 401.222.3040 Website: www.sos.ri.gov

Fiting Fee: \$50.00

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

1. Entity ID No. 144367	Screencr	2. Exact name of the Limited Liability Company Screencraft Tileworks, LLC					
3 NAICS Code 812990		4. Brief description of the character of husiness conducted in Rhode Island Production and sale of decorative tiles					
5. State of Formation Rhode Island							
6. Principal Office Address 9 Powder Hill Road			Cuy Lincoln		State RI	^{Zip} 02865	
7. Mailing Address of Lim	nited Liability Co	impany and Name or	Title of Contact Person			·	
George R. Champagne			i				
9 Powder Hill Road			: 				
Cuy Lincoln	State RI	Ζιρ 02865	1		<u> </u>	·- <u>-</u>	
-		<u>.</u>			<u> </u>		
							
			;				
8. List ALL managers (nar	nes and addresses	s) of the Limited Liabi	lity Company. IF APPLICABLE	E - DO NOT LIST ME	EMBERS		
– Manager Name	_		Monager Name				
Street Address			Street Address				
Chy	State	Zip	Chy	State	Zip	<u> </u>	
Monager Name			Manager Name				
Street Address			Street Address				
Сиу	State	Zip	Chy	State	Zip		
				Check the bo	x to indicate a	n attachment	
9. REGISTERED AGENT	IȚIN RHODE ISI	AND					
This information is currently	y of record in the	Office of the Secretary	of State. Changes require filing	g of Form 642			
ontained herein are true and	reciare and attirm	that I have examined	this report, including any accon	npanying schedules an	a statements, t	ina that all statemet	
August 1	TE C	namore	<i>9</i>	1/8/202	1		
Signature of Authorized Perso)n			Date	•	-	
•							
George R. Champa							
George R. Champa Name of Authorized Per			FILED				