RI SOS Fil		2021027556	80 Date: 10/5/2021	4:00:00 PM		
State of Rhode Islar. Department of	State - Bu	siness Servi	ces Division	_		
Annual Report for the Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	year: 202 pany er 1 - Novem	21 ber 1			05 2021	
1. Entity ID Number		FERSON, L	Liability Company			
3. NAICS Civile 42 42 5. State of Formation RHODE ISLAND	TO ENGA	4. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY LAWFUL ACT CONVERNING MANUFACTURER'S REPRESENTATION				
6. Principal Office Address 647 JEFFERSON BLVD			City WARWICK	State RI	Zip 02886	
7. Mailing Address of Limited L	iability Compa	any and Name or	Title of Contact Person	ı	<u> </u>	
Contact Name JOHN STINSON			Contact Title MEMBER			
Street Address 647 JEFFERSON BLVD			City WARWICK	State RI	^{Zip} 02886	
8. List ALL managers (names	and addresse	s) of the Limited L	iability Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<u> </u>	Check the box to in	ndicate an attachment	
9. The Resident Agent informa	tion currently o	of record with the	RI Department of State is accu			
Under penalty of perjury, I de statements, and that all state	clare and aff	irm that I have exined herein are to	kamined this report, including	g any accompanying	schedules and	

MAIL TO:

Division of Business Services

Name of Authorized Person

JOHN STINKON

Signature of Auth

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

Phone: (401) 222-3040 Website: www.sos.ri.gov Date