RI SOS Filing Number: 202103907150 Date: 10/26/2021 12:27:00 PM



## 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.** 001687924

- 2. Exact Name of the Limited Liability Company EXOTIC KOLOR SIGN LLC
- 3. State of Formation

State: RI

## **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.

541430

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

WE MAKE SIGNS USING VINYL ON MEDIA PRINT ON CARS, BUSINESS AND WINDOWS.

IT IS STICKS IT DIFFERENT SUBSTRATES SUCH AS ALUMINUM, ACRYLIC, PVC, BANNERS, POSTER, ETC. ALSO, ART WORK IN GENERAL.

5. Principal Office Address

No. and Street: 18 DORCHESTER AVE

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

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

Contact Name: Contact Title:

No. and Street: 18 DORCHESTER AV APT 1

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	LEONARDA D JIMENEZ	18 DORCEHSTER AVE APT 1 PROVIDENCE, RI 02909 USA
MANAGER	MARVIN B TORRES LEMUS	18 DORCHESTER AVE APT 1 PROVIDENCE, RI 02909 USA

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

LEONARDA D JIMENEZ 18 DORCHESTER AVE APT 1 PROVIDENCE, RI 02909

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

Signed this 26 Day of October, 2021 at 12:35:53 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 LEONARDA JIMENEZ RODRIGUEZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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