RI SOS Filing Number: 202104101340 Date: 10/27/2021 4:00:00 PM State of Rhode Island Department of State - Business Services Division **FILED** Annual Report for the year: **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. 2. Exact name of the Limited Liability Company 1. Entity JD Number 4. Brief description of the character of business conducted in Rhode Island FUNUTIONS 145(chon) State_of Formation 6. Principal Office Address City State Zip RSISTOL 43 TBCCACE 02809 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title City BrisTal Street Address eccock DNU5 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 State Zip City Manager Name Manager Name Street Address Street Address City State City State Zip Zip

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

Name of Authorized Person

statements, and that all statements contained herein are true and correct.

10/25/2021

Check the box to indicate an attachment

Signature of Authorized Persor

MAIL TO:

Division of Business Services

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

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