RI SOS Filing Number: 202104395460 Date: 10/29/2021 10:49:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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.

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| 1. Entity iD Number 001698766 | | 2. Exact name of the Limited Liability Company UPP Global, LLC | | | | | |
|---------------------------------------------------------------|---------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------|---------------------------|--|--|
| 3. NAICS Code | 4. Brief desc | Brief description of the character of business conducted in Rhode Island | | | | | |
| 812930 | Parking lot | Parking lot management. | | | | | |
| 5. State of Formation | | | | | | | |
| Delaware | | | | ····· | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 496 Congress Street, Suite 3 | | | Portland | ME | 04101 | | |
| 7. Mailing Address of Limited | Liability Compan | y and Name or Title | | · | | | |
| Contact Name Lynne D. Houle | | | Contact Title Attorney | | | | |
| Street Address Bernstein Shur, P.O. Box 9729 | | | City Portland | State ME | ^{Zip} 04104-5029 | | |
| 8. List ALL managers (name | s and addresses) | of the Limited Liab | ility Company, IF APPLIC | ABLE - DO NOT LIST N | MEMBERS | | |
| Manager Name Daniel McNutt | | | Manager Name Robert Zuritsky | | | | |
| Street Address c/o UPP Global, LLC, 496 Congress St., Suite 3 | | | Street Address c/o UPP Global, LLC, 496 Congress St., Suite 3 | | | | |
| City Portland | State ME | ^{Zip} 04101 | City Portland | State ME | ^{Zip} 04101 | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | 1 | | Check the box to it | ndicate an attachment | | |
| 9. Resident Agent in Rhode I | sland. This informa | ation is currently of rec | cord with the Department of S | State. Changes require filin | g Form 642. | | |
| Under penalty of perjury, I statements, and that all sta | | | - | ing any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | Date | | |
| Lynne D. Houle | | | | 10/27/20 | 10/27/2021 | | |
| Signature of Authorized Pers | on Junear | es l'élicie | l'e | | | | |
| | () | | · • · · · · · · · · · · · · · · · · · · | | · <u> </u> | | |

MAIL TO:

Division of Business Services

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

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

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