

→ 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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|--|-----------------------|---|---|-----------------------|------------------------|--|--|--|--|
| Entity ID Number | | 2. Exact name of the Limited Liability Company | | | | | | | |
| 790460 | \perp \sim \sim | Devinie Products LLC | | | | | | | |
| 3. NAICS Code | 4. Brief de | 4. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 31-33 MANUFACTURING | Offeri | Offering Industrial METAL CASTING, METAL Molding, | | | | | | | |
| 5. State of Formation | | Meral Makining + Meral Joining | | | | | | | |
| RHADE ISLAND | | | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | | | |
| 99 SANDY BROOK RE | <u> </u> | | NORTH ScinAre | R R | 02857 | | | | |
| 7. Mailing Address of Limited I | | | Title of Contact Person | | | | | | |
| Contact Name RHoundA / | Mandevill | E | Contact Title | | | | | | |
| Street Address 99 SANDY BROOK Ld | | | North Seigen | TE State | Zip 02857 | | | | |
| 8. List ALL managers (names | and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | | | |
| Manager Name | | | Manager Name | Manager Name | | | | | |
| Street Address | | | Street Address | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | | |
| Manager Name | | | Manager Name | | | | | | |
| Street Address | ····· | | Street Address | | | | | | |
| City | State | Zip | City | State | Zip | | | | |
| · · · · · · · · · · · · · · · · · · · | | | <u>L </u> | Check the box to i | indicate an attachment | | | | |
| 9. The Resident Agent informa | ition currently | of record with the | RI Department of State is accu | ırate. Changes requir | e filing Form 642. | | | | |
| Under penalty of perjury, I destatements, and that all state | | | examined this report, including true and correct. | ng any accompanyin | g schedules and | | | | |
| Name of Authorized Person | - | - | | Date | | | | | |
| RHONDA AND DANIEL | Mander | iille | | 10-24 | 1-21 | | | | |
| Signature of Authorized Perso | | Mandon | to Done | Madle | | | | | |
| | James . | The Committee of the | / | • | | | | | |

MAIL TO:

Division of Business Services

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

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