

## ANNUAL REPORT FOR THE YEAR - LIMITED LIABILITY COMPANY 2021

R.I. DEPT. OF STATE BUS SVCS DIV

Filing Period: September 1 - November 1 Filing Fee: \$50.00

Phone: 401.222.3040 Website: www.sos.ri.gov

Penalty: Additional \$25.00 fee if form is not filed by December 1

2821 NOV - 1 AM 9: 01

1. Entry ID No. 306710	1	2. Exact name of the Limited Liability Company Ninedot, LLC					
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
541613	Design,	Design, marketing, and advertising.					
5. Start of Formation Rhode Island							
6 Principal Office Address			City		State	Zip	
PO Box 36			Westerly			02891	
7. Mailing Address of L	imited Liability Co	ompany and Name or	Title of Contact Person				
Mark Bevington							
Street Address	• • • • • • • • • • • • • • • • • • • •						
PO Box 36	State	Zip		<del>, , , , , , , , , , , , , , , , , , , </del>	··		
Westerly	RI	02891					
		· · · · · ·			11		
	·						
<del></del>	Τ" · · -	<del>_</del>	· <del></del>				
8. List ALL managers (n	names and addresse	s) of the Limited Liabi	lity Company. IF APPLICA	BLE - DO NOT LIST MI	EMBERS		
14							
Manager Name Mark Bevington			Manager Name				
Street Address			Street Address			·	
PO Box 36							
City Westerly	State RI	2ip 02891	City	State	Zip		
Manager Name		·	Manager Name	<b>.</b>	1		
Street Address			Street Address				
in ter mare a			Sireer Address				
Cuy	State	Zip	City	State	Zip		
				Check the box to indicate an attachment		n attachment	
9. REGISTERED AGE	NT IN RHODE ISI	AND	·		···		
This information is curren	ntly of record in the	Office of the Secretary	of State. Changes require fi	ling of Form 642			
	<del></del>			·		<del></del>	
Under penalty of perjury, I	I declare and affirm	that I have examined	this report, including any ac	companying schedules an	nd statements, a	and that all statements	
contained herein are true a	ind correct.						
477	<u>ノ</u>			10-100	f D		
Signature of Authorized Per	rson			Date	₽D		
				NOV 0	i anai	_	
Mark Bevington	<u> </u>			MUA	1 (0()	<del>C</del>	
Name of Authorized P	erson				、イノ	$\times$	
				BY		- 0	
MAIL TO: Division of Business	s Saguinas			ļ			
148 W River Street		02004 2616		(			