	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business		
148 W. River Street			
	Providence RI 0290		
HOPE	(401) 222-304	+0	
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. <u>000799745</u>			
2. Exact Name of the Limited Liability Company <u>LMK TECHNOLOGIES, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>326122</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
MANUFACTURE AND SALES OF LINERS AND EQUIPMENT			
5. Principal Office Addre	SS		
No. and Street: 177	9 CHESSIE LANE		
	<u>rAWA</u> State:	<u>IL</u> Zip: <u>61350</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: THOMAS SERENA Contact Title: CFO			
No. and Street: 25 NW POINT BLVD			
City or Town: <u>ELK</u>	560 GROVE VILLAGE State	: <u>IL</u> Zip: <u>60007</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	ρΡQ	ress
	First, Middle, Last, Suffix		State, Zip Code, Country
MANAGER	HARLEY KAPLAN	25 NW POINT BLVD, STE 560	
ELK GROVE VILLAGE, IL 60			

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 2 Day of November, 2021 at 12:16:07 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 THOMAS SERENA

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved