RI SOS Filing Number: 202104892130 Date: 11/8/2021 3:04:00 PM

<b>(B)</b>	State of Rhode Island  Department of State - Business Services	Division
	- <u>-</u>	

Annual Report for the year: Climited 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company							
0009124/40	Astro Flatric LCC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
238810	ELec	(A)						
5. State of Formation			·	_				
6. Principal Office Address  37 Stocktor	v Drw	L.	middletour	State	Zip (2084)2			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name	COMZ		Contact Title OUNT.					
Street Actoress Stock	UN D	rive	Middletown	State RT	2ip 00842			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name J Cun JA	COMZ		Manager Name	_	NOV HOW			
Street Address Street	on Di	را ر	Street Address		2 4 C 2 1 C 3 T C			
"middletown	State	202848	City	State	<b>观</b> Single			
Manager Name			Manager Name		P: 5			
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	1	.l. <u>.</u>	Ch	eck the box to ind	icate an attachment			
9. The Resident Agent information	on currently of re	cord with the RI D	Department of State is accurate.	Changes require fi	ling Form 642.			
Under penalty of perjury, I dec statements, and that all staten			lined this report, including any and correct.	accompanying s	schedules and			
Name of Authorized Person	Leary	R	Date ///-6-2/					
Signature of Authorized Person								
					3:04			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 08 2021

STAMP

FORM 632 - Revised: 08/2020