

Annual Report for the year: 2021 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 72865		2 Exact name of the Limited Liability Company Design Lab IIc					
3. NAICS Code 541420		Brief description of the character of business conducted in Rhode Island design, manufacturer various electronic, scientific and other products and services.					
5. State of Formation RI							
6. Principal Office Address 84 Ship St			City Providence	State RI	Zip 02906		
7. Mailing Address of Limited		y and Name or Titl	le of Contact Person		•		
Contact Name Ralph Beckman			Contact Title Manager				
Street Address 84 Ship St			City Providence	State RI	Zip 02903		
8 List ALL managers (name		of the Limited Lial	bility Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS		
Manager Name Raiph Beckman			Manager Name				
Street Address 84 Ship St		Street Address					
City Providence	State RI	Zip 02903	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
				Check the box to in	ndicate an attachment		
9. The Resident Agent inform	nation currently of	record with the RI	Department of State is accu	rate Changes require	filing Form 642		
Under penalty of perjury, I statements, and that all sta	declare and affiri tements contain	m that I have exa ed herein are tru	mined this report, including e and correct.	g any accompanying	schedules and		
Name of Authorized Person Ralph Beckman			Date 10/15/2	Date 10/15/2021			
Signature of Authorized Pers	on						
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MAIL TO:

Division of Business Services

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

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