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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2021

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

499 East Main Road, Suite 1 6. MAILING ADDRESS OF EMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name	1. Entity ID No. 001716783		e of the limited liab Things, LLC	ility company			
499 East Main Road, Suite 1 6. MAILING ADDRESS OF EMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name							
Contact Name Johanally Matta Contact Title Member City State R1 Zip 02840 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - PO NOT LIST MEMB ("X":BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip	5. Principal office address 499 East Main Road, Suite 1					Zip 02842	
Newport RI 02840	Contact Name	MTED LIABILIT	Y COMPANY AND	Contact Title	TPERSON:	in a s	
Manager Name Manager Name	Street Address 83 Hillside Avenue						
Manager Name Street Address City State Zip City Manager Name Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip	7. LIST <u>ALL</u> MANAGERS (N ("X": BOX FOR ATTACHM	AMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPAN	, IF APPLICABLE - <u>PO</u>		
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip	Manager Name						
Manager Name Manager Name Street Address City State Zip City State Zip State Zip	Street Address			Street Address	Street Address		
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O PRODUCT ACENT IN OURDE ICHAND	City	State	Zip	City	State	Zip	
6. NESIDENT AGENT IN MHODE ISLAND	B. RESIDENT AGENT IN AH	ODE ISLAND		* * *		2 \$ 18 Y	

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Check No

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signalure of Authorized Person

Johanally Matta

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012 Date