



State of Rhode Island

Department of State - Business Services Division

2021 NOV 26 PH 3: 23

Annual Report for the year: **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.

Entity ID Number	2. Exact name of the Limited Liability Company				
756862	Scroon works-Pride Uniforn LL				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
3 23113	- 2-15. 225. pass of the different of business conducted in Miloue Island				
5. State of Formation	Screen priding Embroider				
<u>A</u> ‡					
6. Principal Office Address			City	State	Zıp
79 6 ctchell Ar			Woonsodeet	RJ	02895
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARK MONTECACIO			Contact Title Owner		
Street Address 79 betchell Aug			City woonsocket	State R1	Zip 02895
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
-	·			Check the box to	indicate an attachment
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person.				Date	,
Me Morteen				14/3	6/21
Signature of Authorized Person					
Signature of Authorized Person Modern					

MAIL TO:

Division of Business Services

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

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NOV 26 2021