State of Rhode Island Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Fee: \$50.00 Limited Liability Company Annual Report Providence RI 02904-2615 (401) 222-3040 Fee: \$50.00 Image of the Secretary of State Providence RI 02904-2615 (401) 222-3040 Fee: \$50.00 ANNUAL REPORT YEAR: 2021 10 Providence RI 02904-2615 (401) 222-3040 Fee: \$50.00 ANNUAL REPORT YEAR: 2021 1 ID No. 001690512 0 2. Exact Name of the Limited Liability Company Black Cut, LLC 3 State of Formation State: Bl Providence RI 02904-2615 (ATTCLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 423840 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island WHOLESALE PRODUCTS DISTRIBUTION 5. Principal Office Address No. and Street: 634 PLAINFIELD STREET City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: State: RI Zip: 02909 Country: USA 7. Name and Address of Each Manager of the Limited Liabili						
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		-	l Liability Co	mpany, if Appl	icable.	
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	O. RESIDENT AGENT IN H	RHODE ISLAND - DO NOT ALT	EK			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DANIEL CALABRO, JR., ESQ. 634 PLAINFIELD STREET PROVIDENCE, RI 02909

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

Signed this 30 Day of November, 2021 at 10:09:29 AM 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 DANIEL CALABRO

Signature of Authorized Person

Form No. 632 Revised 09/07

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