State of Rhode Island Office of the Secretary of State Fer: \$50.0 Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(H, each limited liability company failing or refusing to life its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(R&D) is subject to a panetary free of \$25.0.0 ANNUAL REPORT YEAR: 2021 1 In DNo. 001337770 2. Exact Name of the Limited Liability Company CLOUD CITY DRONES, LLC 3. State of Formation State: El ARTICLE 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 IMACS can be found online. 541990 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here. State: El State: State: State: RL ZIP: 02889 Country: USA 6. Principal Office Address No. and Street: 2465 WEST SHORE RD City or Town: WARWICK State: RL ZIP: 02889 Country: USA 6. Mailing Addres					
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(401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within trivity (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2021 1. ID No. 001337770 2. Exact Name of the Limited Liability Company CLOUD CITY DRONES, LLC 3. State of Formation State: R! ARTICLE 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. 541990 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SALE OF UNMANNED AERIAL VEHICLES, AS WELL AS SERVICE, REPAIR AND INSTRUCTIONAL TRAINING IN USE OF UAVS. 5. Principal Office Address No. and Street: 2465 WEST SHORE RD City or Town: WARWICK State: RI Zip: 02889 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 2465 WEST SHORE RD City or Town: WARWICK State: RI Zip: 02889 Country: USA	148 W. River Street				
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DO NOT LIST MEMBERS Title Individual Name Address	City or Town: WAR	<u>WICK</u> State	e: <u>RI</u> Zip: <u>02889</u>	Country: <u>USA</u>	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Add	ress	
		First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES S. LAWRENCE, ESQ. 2374 POST ROAD WARWICK , RI 02886

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 3:29:32 PM 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 JAMES S. LAWRENCE, ESQ. Signature of Authorized Person

Form No. 632 Revised 09/07

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