



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

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(d), each limited liability company failing or refusing to file its annual report within thirty (30) 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. 001708574

2. Exact Name of the Limited Liability Company Sharepisode, LLC

3. State of Formation

State: RI

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.

519130

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THIS BUSINESS PROVIDES A SOCIAL MEDIA WEBSITE THAT ALLOWS PEOPLE TO POST THEIR PERSONAL EXPERIENCES AND SHARE THEM WITH OTHER USERS OF THE WEBSITE.

5. Principal Office Address

No. and Street: 100 WOODLAWN AVENUE
#2

City or Town: NOT HISPANIC OR LATINO State: RI Zip: 02904 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PETER D MCCUTCHEON Contact Title: OWNER AND CEO

No. and Street: 100 WOODLAWN AVENUE UNIT 2
2

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	PETER DODGE MCCUTCHEON	100 WOODLAWN AVENUE UNIT 2 NORTH PROVIDENCE, 40 02904 USA

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

PETER MCCUTCHEON 100 WOODLAWN AVENUE UNIT 2 NORTH PROVIDENCE , RI 02904

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

Signed this 18 Day of December, 2021 at 2:19:12 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 PETER D. MCCUTCHEON
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved