I. DEPT. OF STATE BUS SYCS DIV

2020 DEC 23 PM 12: 54

Annual Report for the year: 20**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

| 1. Entity ID Number | Exact name of the Limited Liability Company | | | | 15 |
|--|--|-------------------------------------|---|--------------------------|------------------------|
| 000900622 | ALC Copies LLC | | | | |
| 3 NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 323111 | Copy and digital print business | | | | |
| 5. State of Formation | | | | | |
| Rhode Island | | | | | |
| 6 Principal Office Address | P | | 7-14 | State | Zıp |
| 1155 Westminster Street #208 | List the addre | ess of the princ for the LLC. | ipal dence | RI | 02909 |
| 7. Mailing Address of Limited Lia | | 建物 电主 | tact Person | | |
| Contact Name John Chmil | | | Contact Trile Owner | | |
| Street Address 1155 Westminster Street #208 | | | City Providence | State RI | Z ₁ p 02909 |
| 8 List ALL managers (names ar | d addresses) of | the Limited Liabi | lity Company, IF APPLICA | BLE - DO NOT LIST I | MEMBERS |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zφ | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zrp | City | State | Zip |
| | | <u></u> | | Check the box to i | ndicate an attachment |
| 9. Resident Agent in Rhode Islan | id. This information | rs currently of reco | ord with the Department of Sta | ate Changes require film | ig Form 642 |
| Under penalty of perjury, I dec statements, and that all statem | lare and affirm (ents contained | that I have exam herein are true | ined this report, includir and correct. | ng any accompanyin | g schedules and |
| Name of Authorized Person | 7.1 | () | 1 | Date | |
| John Chm. | | | 1 | 4/20/2020 | |
| Signature of Authorized Person | Mi | Hin | Jens vere | | |
| | | | | | FILED [Q:/] |

MAIL TO:

Division of Business Services 148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 2 9 202

FORM 632 - Revised: 10/2017