Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040         Limited Liability Company         Annual Report         Filing Period: February 1 - May 1         In accordance with R.I.G.L. 7-16-66(dbd), each limited liability company failing or relation to the its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. Z. 7-16-66(dbdc)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2023         1. ID No. 000516086         2. Exact Name of the Limited Liability Company ULTRACCOUNTING, LLC         3. State of Formation         State: RI         ATTICLE 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.         State: RI         State: RI         ATTICLE III         Ender 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.         State: RI         Doscription of the Character of the Business W	State of Rhode Island Fee: \$50.00
148 W. River Street         Providence RI 02904-2615         (401) 222-3040         Limited Liability Company         Annual Report         Filing Period: February 1 - May 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: 2023         1. ID No.       000516086         2. Exact Name of the Limited Liability Company ULTRACCOUNTING, 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.         541211         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BOOKKEEPING, TAX PREPARATION, CONSULTING AND OTHER ACCOUNTING SERVICES, ALSO         DOING BUSINESS AS ULTRAOILY AND TEACHING CLASSES ABOUT IMPROVING FINANCIAL         AND PHYSICAL HEALTH,         5. Principal Office Address         No. and Street:       272 GREAT ISLAND RD City or Town:         MARAGANSETT       State: RI       Zip: 02882       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: </td <td></td>	
Providence RI 02904-2615     (401) 222-3040  Limited Liability Company Annual Report Filing Period: February 1 - May 1  In accordance with R.I.G.L. 7-16-66(fd), each limited liability company failing or redusing to file its annual report within thirty (30) days after the time prescribed by hav (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.  ANNUAL REPORT YEAR: 2023  1. ID No. 000516086  2. Exact Name of the Limited Liability Company ULTRACCOUNTING, LLC  3. State of Formation State: RI  ARTICLE II  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.  541211  4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  BOOKKEEPING, TAX PREPARATION, CONSULTING AND OTHER ACCOUNTING EINANCIAL AND PHYSICAL HEALTH.  5. Principal Office Address No. and Street: 272 GREAT ISLAND RD City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title:	Division Of Business Services
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Contact Name: Contact Title:	
	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
No. and Street: DO DOV 200	Contact Name: Contact Title:
PO BOX 289       City or Town:     WAKEFIELD     State: RI     Zip: 02880     Country: USA	No. and Street:PO BOX 289City or Town:WAKEFIELDState: RIZip: 02880Country: USA

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

CHRISTINE C. REPOSA 180 WEBSTER TRL WAKEFIELD , RI 02879

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

## Signed this 19 Day of January, 2023 at 12:22:50 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 CHRISTINE C. REPOSA

Signature of Authorized Person

Form No. 632 Revised 09/07

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