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	State of Rhode Island Department of State - Business Services Division
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Annual Report for the year: **Limited Liability Company**

RECEIVED PLIL DEPT. OF STATE BUS SYDS DV

→ Filing period: February 1 - May 1

→ Penalty: Additional \$25.00 fee if form is not filed by May 31. [3]] FEB 23 P 3: 49

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	- · · · · · ·			
001721877 Ocean State Blackchain, LLC						
3. NAICS Code 4. Brief description of the character of business conducted in Rhodé Island						
-523920; =Twas abhackchainor Cryto business						
5. State of Formation]	•				
Rhote Jaland						
6. Principal Office Address		City	State	Zip		
40 Foles	St	Cravotan	R+	02630		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Turner	Contact Title				
Street Address	st	City	State	Zip		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person Or and on S. Torne				Date \$2023, 232		
Signature of Authorized Person						
1 marine	2000					

FILED

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov