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2023 MAY -8 PM 3: 02

Annual Report for the year: **Limited Liability Company** 

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000574013	Exact name of the I Mastix LLC	Exact name of the Limited Liability Company Mastix LLC			
3. NAICS Code 541511		Brief description of the character of business conducted in Rhode Island Web site design and programming			
5. State of Formation Rhode Island					
6. Principal Office Address 173 Sessions St		City Providence	State RI	Zip 02906	
7. Mailing Address of Limite	ed Liability Company and Nar	ne or Title of Contact Person	······································		
Contact Name Massimo Boccuni		Contact Title Owner			
Street Address 173 Sessions St		City Providence	State RI	Zip 02906	
8. The Resident Agent info	mation currently of record wi	th the RI Department of State is accu	ırate. Changes requin	e filing Form 642.	
	I declare and affirm that I h tatements contained hereir	ave examined this report, including are true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person Massimo Boccuni	1		Date 5/2/2023		
Signature of Authorized Pe	rson UA		1	· · · · · · · · · · · · · · · · · · ·	

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

FORM 632 - Revised: 2/2023