RI SOS Filing Number: 202340141490 Date: 6/4/2023 4:00:00 PM

State of Rhade Island	toto Business Sanjise	- Division		
Annual Report for the yellimited Liability Compa → Filing period: February 1 → Filing Fee: \$50.00	iny		FILED JUN 04 202 BY	STAILIR 23
1. Entity ID Number	2. Exact name of the Limited Lia			D)(CA)
3. NAICS Code 54420 5. State of Formation	4. Brief description of the character of	ter of business conducted in Rho jelet Ronic Levices		7510
6. Principal Office Address		city PROV	State R	82903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name RALPH	PECKMAN	Contact Title		
Street Address SA SHI	PST	City PROV	State PL	Zip 02908
8. The Resident Agent information	on currently of record with the RI D	Department of State is accurate. (Changes require fili	ng Form 642.
	lare and affirm that I have exam nents contained herein are true		accompanying so	hedules and
Name of Authorized Person	ECHAN		Date 5/25	5/23/
Signature of Authorized Person	<u> </u>		- 1	

MAIL TO:

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

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