State of Rhode Island No F	'ee
Office of the Secretary of State	
Division Of Business Services 148 W. River Street	
Providence RI 02904-2615	
1636 (401) 222-3040	
Domestic Limited Liability Company Annual Report - Amended Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-1.2-1501(e), 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.	
This form is only to be used to amend the current annual report on file with this office.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001734302</u>	
2. Exact Name of the Limited Liability Company <u>NUKONNECTIONS LLC</u>	
3. State of Formation	
State: <u>RI</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>541512</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
PROFESSIONAL SERVICES IN IT SOFTWARE AND CONSULTING FOR SOFTWARE PROGRAMMING	
5. Principal Office Address	
No. and Street: <u>166 TURKEY HILL RD</u>	
City or Town:MERRIMACKState: NHZip: 03054Country: USA	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: <u>166 TURKEY HILL RD</u> City or Town: <u>MERRIMACK</u> State: <u>NH</u> Zip: <u>03054</u> Country: <u>USA</u>	

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

REPUBLIC REGISTERED AGENT LLC 50 INDUSTRIAL CIR #105 LINCOLN , RI 02865

Signed this 11 Day of October, 2023 at 11:52:23 AM 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 <u>SIRISH PAVEL POTUGANTI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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