	State of I Office of the S	Rhode Island Secretary of S	State	Fee: \$50.00
		Business Servic	ces	
	148 W.	River Street		
	Providence	RI 02904-261	5	
1636	(401)	222-3040		
Limited Liability (Annual Report Filing Period: Febru				
refusing to file its ar	R.I.G.L. 7-16-66(d), each limited nnual report within thirty (30) da 6(b&c)) is subject to a penalty fe	ys after the time		/
ANNUAL REPORT	YEAR - ENTER THE CURRENT	YEAR 2024 : <u>2</u>	024	
1. ID No. <u>00169</u>	91842			
2. Exact Name of the Limited Liability Company <u>RevUp Fund 2019, LLC</u>				
3. State of Format	tion			
State: <u>RI</u>				
NAICS CODE				
-	NAICS Code that best describes of codes <u>here.</u> More information			
<u>523999</u>				
4. Brief Descriptio Island	n of the Character of the Busin	ess Which is A	ctually Condu	cted in Rhode
<u>INVESTMENT</u>				
5. Principal Office	Address			
No. and Street:	<u>1 RICHMOND SQUARE</u> <u>SUITE 222W</u>			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02906</u>	Country: <u>USA</u>
6. Mailing Address	of Limited Liability Company	and Name or Ti	tle of Contact	Person:
Contact Name: <u>W</u> No. and Street:	<u>ILLIAM F. CESARE</u> Contact Titl <u>1 RICHMOND SQUARE</u>	e: <u>MANAGER</u>		
	SUITE 222W			

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

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET SUITE 1E PROVIDENCE , RI 02904

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

Signed this 15 Day of April, 2024 at 3:16:41 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 WILLIAM F. CESARE

Signature of Authorized Person

Form No. 632 Revised 09/07

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