		Rhode Island Secretary of S	state	Fee: \$50.00
		Business Servic River Street	es	
		e RI 02904-2615		
1636				
.030	(401)) 222-3040		
Limited Liabilit Annual Report				
Filing Period: Fel				
	th R.I.G.L. 7-16-66(d), each limite			
	annual report within thirty (30) da 5-66(b&c)) is subject to a penalty f		prescribed by	
ANNUAL REPOR	RT YEAR - ENTER THE CURRENT	YEAR 2024 : <u>2</u> ()24	
1. ID No. <u>00</u>	1763574			
2. Exact Name	of the Limited Liability Company	Centerbase, LL	<u> </u>	
3. State of Form	nation			
State: <u>DE</u>				
	NAICS	S CODE		
-	it NAICS Code that best describes at of codes <u>here.</u> More information			
<u>541511</u>				
4. Brief Descrip Island	tion of the Character of the Busin	ness Which is Ad	ctually Conduc	cted in Rhode
4. Brief Descrip Island SAAS PROVID	DER TO LEGAL MARKET	ness Which is Ad	ctually Conduc	cted in Rhode
4. Brief Descrip Island	DER TO LEGAL MARKET	ness Which is A	ctually Conduc	cted in Rhode
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4. Brief Descrip Island <u>SAAS PROVIE</u> 5. Principal Offi	DER TO LEGAL MARKET ice Address 8350 N CENTRAL EXPY,	ness Which is A	ctually Conduc	cted in Rhode
4. Brief Descrip Island <u>SAAS PROVIE</u> 5. Principal Offi	DER TO LEGAL MARKET		zip: <u>75206</u>	cted in Rhode
4. Brief Descrip Island SAAS PROVIE 5. Principal Offi No. and Street: City or Town:	DER TO LEGAL MARKET ice Address <u>8350 N CENTRAL EXPY,</u> SUITE 1950	State: <u>TX</u>	Zip: <u>75206</u>	Country: <u>USA</u>
4. Brief Descript Island SAAS PROVIE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet	DER TO LEGAL MARKET ice Address <u>8350 N CENTRAL EXPY,</u> <u>SUITE 1950</u> <u>DALLAS</u> ess of Limited Liability Company	State: <u>TX</u>	Zip: <u>75206</u>	Country: <u>USA</u>
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4. Brief Descript Island SAAS PROVIE 5. Principal Offi No. and Street: City or Town: 6. Mailing Addree Contact Name:	DER TO LEGAL MARKET ice Address 8350 N CENTRAL EXPY, SUITE 1950 DALLAS ess of Limited Liability Company Contact Title:	State: <u>TX</u> and Name or Tit	Zip: <u>75206</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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST</u> <u>PROVIDENCE</u>, <u>RI 02914</u>

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

Signed this 18 Day of April, 2024 at 3:20:14 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 <u>NATHAN CRUZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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