	Stat	e of Rhode Isla	and	Fee: \$50.00
	Office of	the Secretary	of State	
Division Of Business Services				
148 W. River Street Providence RI 02904-2615				
1636 (401) 222-3040				
Limited Liability Annual Report Filing Period: Febr				
In accordance with R.I.G.L. 7-16-66(d), 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.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. <u>001692901</u>				
2. Exact Name of the Limited Liability Company Costco-Innovel Solutions LLC				
3. State of Formation				
State: <u>DE</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>493110</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
RETAIL COMPANY				
5. Principal Offic	e Address			
No. and Street:	999 LAKE DRIVE			
City or Town:	ISSAQUAH	State: <u>WA</u>	Zip: <u>99027</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: 0				
No. and Street:	ATTN: LICENSING			
City or Town:	<u>PO BOX 35005</u> <u>SEATTLE</u>	State: WA	Zip: <u>98124</u>	Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 24 Day of April, 2024 at 3:02:23 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 GAIL TSUBOI

Signature of Authorized Person

Form No. 632 Revised 09/07

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