

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001767252	DEPLOY SATES LLC					
3. NAICS Code 990	4. Brief description of the character of business conducted in Rhode Island					
450770						
5. State of Formation	General Sales - E commerce.					
RI						
6. Principal Office Address		City	State	Zip		
443 Colum	BUSANE APT 1	PAWTUCKE	PI	0286/		
7. Malling Address of Limited Liability Company and Name or Title of Contact Person						
Contact Title Contact Title						
DLUBUNMY OYEWALE DUNER						
Street Address	- 1	City	State	Zip		
	BUS AVE APT 1	PAWGUCKER	<u> </u>	02851		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person	IT: INON T	Die	Date /	00/0		
UU		1/EWAZE		29/25		
Signature of Authorized Person						
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JAN 29 2025

BY RZ48P

MAIL TO:

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FORM 632 - Revised: 12/2023