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State of Rhode Island

Department of State - Business Services Division

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REC'D RIDDS BSD 5 KAR II SHII:17:

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.

Entity ID Number	2. Exact name of the Limited L	2. Exact name of the Limited Liability Company			
001661906	FLEXOTRACKS LL	FLEXOTRACKS LLC			
3. NAICS Code	· ·	Brief description of the character of business conducted in Rhode Island			
711510	WRITE CUSTOM MUS	WRITE CUSTOM MUSIC FOR TELEVISION, FILM, AND WEB			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
18 STEPHENS WAY		CUMBERLAND	RI	02864	
7. Mailing Address of Limited	d Liability Company and Name or Tit	le of Contact Person	, 		
Contact Name KYLE J SAWAIA		Contact Title MANAGER			
Street Address 18 STEPHENS WAY		City CUMBERLAND	State RI	^{Zip} 02864	
8. The Resident Agent infor	nation currently of record with the R	Department of State is accurate.	. Changes require	e filing Form 642.	
	r, I declare and affirm that I have e atements contained herein are tru		any accompany	ring schedules and	
Name of Authorized Person			Date		
KYLE J SAWAIA			03/02/2025		
Signature of Authorized Per					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 1 2025 | 11:20 BY J4XVF