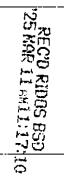


- State of Rhode Island

Department of State - Business Services Division

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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 Liability Company			
001661906	FLEXOTRACKS LLC			
3. NAICS Code 711510	Brief description of the character of business conducted in Rhode Island WRITE CUSTOM MUSIC FOR TELEVISION, FILM, AND WEB			
5. State of Formation				
6. Principal Office Address		City	State	Zip
18 STEPHENS WAY		CUMBERLAND	RI	02864
7. Mailing Address of Limited	Liability Company and Name or T	itle of Contact Person		<u> </u>
Contact Name KYLE J SAWAIA		Contact Title MANAGER		
Street Address 18 STEPHENS WAY		City CUMBERLAND	State RI	^{Zip} 02864
8. The Resident Agent informa	ation currently of record with the f	RI Department of State is accurate	. Changes requir	e filing Form 642.
	l declare and affirm that I have ements contained herein are tr	examined this report, including rue and correct.	any accompany	ring schedules ar
Name of Authorized Person			Date	
KYLE J SAWAIA			03/02/2025	

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.n.gov MAR 1 1 2025 | 11:20 BY J4XUF