



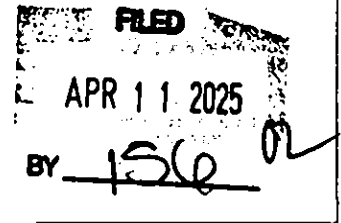
State of Rhode Island  
Department of State - Business Services Division

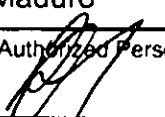
Annual Report for the year: 2024  
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



|                                                                                                                                                                                                                |  |                                                                                                         |                           |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>001751595</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Switch Origin LLC</b>                              |                           |                     |
| 3. NAICS Code<br><b>448320</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Backpack Retailer</b> |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                   |  |                                                                                                         |                           |                     |
| 6. Principal Office Address<br><b>201 SAINT LEON AVE</b>                                                                                                                                                       |  | City<br><b>Woonsocket</b>                                                                               | State<br><b>RI</b>        | Zip<br><b>02895</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                         |                           |                     |
| Contact Name<br><b>Clement Maduro</b>                                                                                                                                                                          |  | Contact Title<br><b>Owner</b>                                                                           |                           |                     |
| Street Address<br><b>201 SAINT LEON AVE</b>                                                                                                                                                                    |  | City<br><b>Woonsocket</b>                                                                               | State<br><b>RI</b>        | Zip<br><b>02895</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                         |                           |                     |
| 9. <i>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.</i> |  |                                                                                                         |                           |                     |
| Name of Authorized Person<br><b>Clement Maduro</b>                                                                                                                                                             |  |                                                                                                         | Date<br><b>04/09/2025</b> |                     |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                         |                           |                     |

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)