RI SOS Filing Number: 202571378290 Date: 4/24/2025 4:00:00 PM



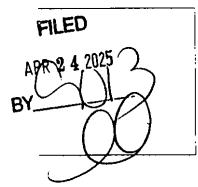
State of Rhode Island Department of State - Business Services Division

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.



1. Entity ID Number 72865	2. Exact name of the Limited Liability Company Design Lab, IIc			
5. State of Formation	Brief description of the character of business conducted in Rhode Island to design, manufacturer various electronic, scientific, and other types of products and services			
6. Principal Office Address 84 Ship St		City Providence	State RI	Zip 02903
7. Mailing Address of Limited Li	ability Company and Name	or Title of Contact Person		
Contact Name Ralph A. Beckman		Contact Title Manager		
Street Address 84 Ship St		^{City} Providence	StateRI	^{Zip} 02903
8. The Resident Agent informat	ion currently of record with the	ne RI Department of State is accur	ate. Changes requir	e filing Form 642
	declare and affirm that I ha	ive examined this report, includ		
Name of Authorized Person Ralph A. Beckman			Date . 4/15/25	
Signature of Authorized Person			······································	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov