RI SOS Filing Number: 202037738040 Date: 4/17/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 MAR -3 PM 12: 16

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact nam	e of the Limited L	iability Company		
001683531		C3BA	LLC		
3. NAICS Code	4. Brief desc	ription of the chara	icter of business conducted	d in Rhode Island	76
511130		Infor	nation Jeen	ika.	୫୦୧
5. State of Formation	1	<i>—</i> • • • • • • • • • • • • • • • • • • •		~ 9- 84	
Rhode Island					17
Principal Office Address	_		City	State	Zip 📆 💯 '
70 Orchard Dr.			Hope	RI	0283[3
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit	e of Contact Person	·	5
Contact Name Chris Claussen			Contact Title Owner		
Street Address 70 orchand Dr.			city Hope	State	18820az
8. List ALL managers (names a	nd addresses)	of the Limited Lial	pility Company, IF APPLICA		
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip 2020
Manager Name			Manager Name		NPR SCIS
Street Address			Street Address		
City	State	Zip	City	State	Zip U
	·	<u> </u>	<u>l</u>	Check the box to indic	cate an attac ient
9. Resident Agent in Rhode Islan	nd. This informa	tion is currently of re	cord with the Department of S		
Under penalty of perjury, I ded					
statements, and that all staten	nents contain	ed herein are tru	and correct.	g oy accompanying s	U U U U U U U U U U U U U U U U U U
Name of Authorized Person	ussen _			Date 4/14/	20
Signature of Authorized Person				•	
		Hiera II	COUNTY EN		(~ <u>.</u>

MAIL TO:

Division of Business Services

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

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

APR 1 7 2020

FORM 632 - Revised: 10/2017