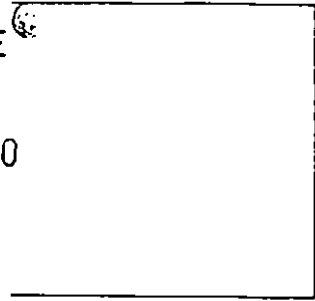




State of Rhode Island
Department of State - Business Services Division


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Annual Report for the year: 2021
Limited Liability Company

2022 FEB -1 P 2:30

- 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 001716492 | | 2. Exact name of the Limited Liability Company OPTIONS LLC | |
| 3. NAICS Code S 3110 | | 4. Brief description of the character of business conducted in Rhode Island Investments | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 47 WITALA DRIVE | | City CHARLESTOWN | State RI |
| | | Zip 02813 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name THOMAS BARBOSA | | Contact Title | |
| Street Address 47 WITALA DRIVE | | City CHARLESTOWN | State RI |
| | | Zip 02813 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 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. | | | |
| Name of Authorized Person THOMAS BARBOSA | | | Date 2/1/22 |
| Signature of Authorized Person  | | | |

FILED

FEB 01 2022
 BY 74177209
 2:30

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov