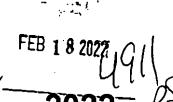
RI SOS Filing Number: 202211250470 Date: 2/18/2022 4:00:00 PM



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 20

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nan	2. Exact name of the limited liability company				
1041332	Econoloads, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Manufacture and Sale of all types of reload ammunition 33377					
5. Principal office address 303 Jefferson Boulevard			City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
Contact Name Craig Mancini			Contact Title Member			
Street Address 1065 Park Avenue			City Cranston	State RI	Zip 02920	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name John Parillo			Manager Name			
Street Address 24 Pershing Street			Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	RHODE ISLAND					
This information is curren	ntly of record in the	e Office of the Secret	ary of State. Changes requir	e filing Form 642.		
			, : :::::::::::::::::::::::::::::::::::			

File Date			
Check No			
Ву:			
FOR SECRETARY OF STATE USE ONLY			

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Date

Craig Mancini

Print or Type Name of Authorized Person