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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 2023

Filling 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.

A. Brief description of the character of business conducted in Rhode Island Manufacture and Sale of all types of reload ammunition S. Principal office address 303 Jefferson Boulevard S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Craig Mancini Street Address City Cranston Manager Name John Parillo Street Address City Cranston Manager Name John Parillo Street Address City Cranston Street Address	1. Entity ID No.	2. Exact nan	ne of the limited liability	y company			
Rhode Island 5. Principal office address 303 Jefferson Boulevard City Warwick RI 02888 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Craig Mancini Street Address 1065 Park Avenue C'X' BOX FOR ATTACHMENT) Manager Name John Parillo Street Address City Cranston RI Manager Name John Parillo Street Address	1041332	Econolo	ads, LLC				
S. Principal office address 303 Jefferson Boulevard City Warwick RI 02888 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Member Street Address 1065 Park Avenue City Cranston RI 02910 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT). Manager Name John Parillo Street Address 24 Pershing Street City State Zip Cranston RI 02910 Manager Name Street Address Street Address Street Address Street Address City State Zip City State Zip Cranston Manager Name Street Address City State Zip Street Address City State Zip	3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
303 Jefferson Boulevard Warwick RI 02888 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Craig Mancini Street Address 1065 Park Avenue 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name John Parillo Street Address 24 Pershing Street City Cranston RI State Zip City State Zip Street Address	Rhode Island	Manufac	ture and Sale of	all types of reload amm	unition		
Contact Title Member Street Address 1065 Park Avenue City Cranston Manager Name John Parillo Street Address 24 Pershing Street City Cranston Manager Name City Cranston Manager Name Street Address Street Address Street Address Street Address Street Address City Cranston Manager Name City Cranston Manager Name Street Address Street Address City State Zip		evard) ~) L 1 11			Zip 02888	
Craig Mancini Street Address 1065 Park Avenue City Cranston RI O2910 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name John Parillo Street Address 24 Pershing Street City Cranston RI State RI O2910 City State Zip Cranston Manager Name Manager Name Street Address Street Address Street Address City Cranston Street Address City Cranston Manager Name Manager Name Street Address Street Address Street Address Street Address City State Zip City State Zip Manager Name Street Address		LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
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Manager Name						Zip 029 1 0	
Street Address Street Address State Zip City State Zip Manager Name Manager Name Street Address State Zip City State Zip State Zi	7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LII	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
24 Pershing Street City State Zip O2910 Manager Name Manager Name Street Address City State Zip City State Zip Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND				Manager Name	Manager Name		
Manager Name Street Address Street Address City State Zip City State Zip State Zip				Street Address	•	-14- ⁻ -14.	
Street Address City State Zip City State Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND			Zip 02910	City	State	Zip	
City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name		•	Manager Name	Manager Name		
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address	Street Address		
	City	State	Zip	City	State	Zip	
This information is currently of record in the Office of the Secretary of State Changes require filling Form 542	8. RESIDENT AGENT IN F	HODE ISLAND					
The manager is developed in the diffice of the decision of state, divinges require ming for it 042.	This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.		

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File Date	,
Check No	
Ву:	
FOR SECRETA	RY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 FILED

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

2.3.23

Date

Craig Mancini

Print or Type Name of Authorized Person