



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report
 (General Laws, Chapter)

Federal Employer Identification Number: 001050861 (must be 9 digits)

Annual Report Filing Year: 2013

1.a. Exact name of the limited liability company: RADARIS, LLC

1.b. The exact name of the limited liability company as amended, is: RADARIS, LLC

2a. Location of its principal office:

No. and Street: 60 VASILEOS PAVLOU
AGIOS DOMETIOS
 City or Town: NICOSIA State: Zip: 2360 Country: CYP

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 1853 COMMONWEALTH AVE
 City or Town: BOSTON State: MA Zip: 02135 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE GENERAL CHARACTER OF THE BUSINESS OF THE COMPANY IS TO ENGAGE IN: INVESTMENT IN, AND OWNERSHIP AND DEVELOPMENT OF, WEB COMMERCE, INCLUDING BUYING, ACQUIRING, OWNING, OPERATING, SELLING, FINANCING, REFINANCING, DISPOSING OF AND OTHERWISE DEALING WITH INTERESTS IN WEB COMMERCE, DIRECTLY OR INDIRECTLY THROUGH JOINT VENTURES, PARTNERSHIPS OR OTHER ENTITIES; TO ENGAGE IN ANY ACTIVITIES DIRECTLY OR INDIRECTLY RELATED OR INCIDENTAL THERETO; AND ANY OTHER LAWFUL BUSINESS PURPOSES AND ACTIVITIES PERMITTED BY THE LIMITED LIABILITY COMPANY ACT.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: EDGAR LOPIN
 No. and Street: 1853 COMMONWEALTH AVE
 City or Town: BRIGHTON State: MA Zip: 02135 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	EDGAR LOPIN	60 VASILEOS PAVLOU NICOSIA 2360 CYP

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	EDGAR LOPIN	60 VASILEOS PAVLOU NICOSIA 2360 CYP

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	EDGAR LOPIN	60 VASILEOS PAVLOU NICOSIA 2360 CYP

9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 12 Day of December, 2013,
EDGAR LOPIN , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

December 12, 2013 03:06 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth