

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000006514

**Entity Name:** NEWRISTICS, LLC

**Current Principal Place of Business:**

7400 E. PINNACLE PEAK RD  
SUITE 204  
SCOTTSDALE, AZ 85255

**Current Mailing Address:**

7400 E. PINNACLE PEAK RD  
SUITE 204  
SCOTTSDALE, AZ 85255 US

**FEI Number:** 45-4613778

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SERVICE SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name KAPOOR, GAURAV  
Address 7400 E. PINNACLE PEAK RD  
SUITE 204  
City-State-Zip: SCOTTSDALE AZ 85255

Title MANAGER  
Name STAVE, CHANNING  
Address 8777 E. VIA DE VENTURA  
SUITE 260  
City-State-Zip: SCOTTSDALE AZ 85258

Title MANAGER  
Name HESSEL, MEG  
Address 8777 E. VIA DE VENTURA  
SUITE 260  
City-State-Zip: SCOTTSDALE AZ 85258

Title MANAGER  
Name FRIEFIELD, JUDY  
Address 8777 E. VIA DE VENTURA  
SUITE 260  
City-State-Zip: SCOTTSDALE AZ 85258

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GAURAV KAPOOR

**MANAGER**

**04/13/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date