



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                          |                            |              |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|-----|
| 1. ID No.<br>118115                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>STENHOUSE CONSULTING, LLC                                              |                            |              |     |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Computer consultant |                            |              |     |
| 5. Principal office address<br>4 Traverse Street                                                                                                                                                              |       | City<br>Providence                                                                                                       | State<br>RI                | Zip<br>02906 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                          |                            |              |     |
| Contact Name<br>Scott Stenhouse                                                                                                                                                                               |       |                                                                                                                          | Contact Title              |              |     |
| Street Address<br>4 Traverse Street                                                                                                                                                                           |       | City<br>Providence                                                                                                       | State<br>RI                | Zip<br>02906 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                          |                            |              |     |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                          | Manager Name               |              |     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                          | Street Address             |              |     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                      | City                       | State        | Zip |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                          | Manager Name               |              |     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                          | Street Address             |              |     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                      | City                       | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                                      |       |                                                                                                                          |                            |              |     |
| Agent Name<br>John A. Glasson, Esq.                                                                                                                                                                           |       |                                                                                                                          | Address<br>One Ship Street |              |     |
| Address                                                                                                                                                                                                       |       |                                                                                                                          | City<br>Providence         | Zip<br>02903 |     |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

118115

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|---------------------------------|--------|
| File Date                       | 9-7-07 |
| Check No.                       | 09868  |
| By:                             | mnc    |
| FOR SECRETARY OF STATE USE ONLY |        |

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.

 9/4/07  
Signature of Authorized Person Date  
Scott Stenhouse  
Print or Type Name of Authorized Person