



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. 135438		2. Exact name of the limited liability company Educational Consulting Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island EDUCATIONAL CONSULTING, BUSINESS CONSULTING, MARKETING, WEBS	
5. Principal office address 176 Butternut Drive		City North Kingstown	State RJ
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Dan Clawson		Contact Title President	
Street Address 176 Butternut Drive		City North Kingstown	State RJ
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) ☐			
Manager Name Dan Clawson		Manager Name	
Street Address 176 Butternut Drive		Street Address	
City North Kingstown	State RJ	City	State
Zip 02852		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 DAN CLAWSON		Address	
Address 176 BUTTERNUT DRIVE		City NORTH KINGSTOWN	Zip 02852

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

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] 10/31/2007
Signature of Authorized Person Date
Dan W. Clawson
Print or Type Name of Authorized Person

FILED
File Date **NOV 16 2007**
Check No. **1074**
By: *[Signature]*
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