RI SOS Filing Number: 200948022980 Date: 07/08/2009 4:00 PM

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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

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.	2. Exact name of the limited liability company
137772	ND DATA GROUP OF RI, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	IT CONSULTING AND STAFFING

5. Principal office address	City	State	Zip
3A INDUSTRIAL DRIVE	SMITHFIELD	RI	02917

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
RICK FURLANO	MEMBER

Street Address	City	State	Zip
1459 STUART ENGALS BLVD, STE 303	MT. PLEASANT	SC	29464

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	Street Address	City	State	Zip
TOM ANDERSON	3A INDUSTRIAL DRIVE	SMITHFIELD	RI	02917

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED
JUL 08 2009
By 229.94111

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2009 JUL -8 AM 10: 22

137772

File Date _____

Check No. _____

By: 35777-3-392844

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 statement contained herein are true and correct.

Signature of Authorized Person *Date* 7/19/09

RICK FURLANO
Print or Type Name of Authorized Person